

ATTENDEE INFORMATION (PLEASE PRINT ALL INFORMATION.)

Dr Dra Mr Ms Mx Prof Recently Applied for Membership, Renewed 2024 Membership

LAST NAME _____ FIRST NAME _____ SUFFIX _____ NICKNAME _____

DEGREE CATEGORY MD and PhD MD or Equivalent Non-doctorate Degree Other Doctorate Degree PhD or Equivalent Unknown/No Degree

ARE YOU A Registered Nurse (RN) Nurse Practitioner (NP) Other Certified Allied Health Professional

PREFERRED PRONOUNS She/Her/Hers He/Him/His They/Them/Theirs Ze/Hir/Hirs No Pronouns (only refer to me by name)

GENDER Female Male Gender Queer Non-binary Transgender Female Transgender Male Other Prefer Not to Disclose

PROFESSIONAL TITLE _____

COMPANY/INSTITUTION _____ DEPARTMENT/DIVISION _____

MAILING ADDRESS _____ STREET _____ CITY _____ STATE/PROVINCE _____ COUNTRY _____ ZIP/POSTAL CODE _____

EMAIL _____ PRIMARY CELL PHONE: COUNTRY CODE/CITY CODE/NUMBER* _____

COPY CONFIRMATION TO ANOTHER PERSON: NAME AND EMAIL _____

EMERGENCY CONTACT (REQUIRED): NAME _____ DAY TELEPHONE _____ RELATIONSHIP _____

*All attendees and participants are required to provide a working phone number to the Society at the time of registration in case the Society is notified by any government or local health department that contact tracing is required.

ALL INFORMATION IN THIS SECTION MUST BE COMPLETED IN ORDER TO REGISTER. IF INFORMATION IS NOT APPLICABLE PLEASE INDICATE N/A IN THE SPACE PROVIDED.

REGISTRATION CATEGORIES (MEMBERSHIP RATES VALID WITH PAID 2024 MEMBERSHIP DUES)

PREMIUM REGISTRATION PACKAGE: Includes in-person meeting registration, MTP book, and access to ENDO 2024 Session Recordings.

CATEGORY	EARLY: BY MARCH 6	ADVANCE: MARCH 7-APRIL 17	REGULAR: APRIL 18-JUNE 4
Full	<input type="checkbox"/> \$854	<input type="checkbox"/> \$954	<input type="checkbox"/> \$1,054
Nonmember	<input type="checkbox"/> \$1,689	<input type="checkbox"/> \$1,789	<input type="checkbox"/> \$1,889
In-Training Associate	<input type="checkbox"/> \$449	<input type="checkbox"/> \$539	<input type="checkbox"/> \$589
Early Career (Advanced degree holder: (i.e. MD, PhD) who have completed their formal training and are up to 3 years in their professional career)	<input type="checkbox"/> \$614	<input type="checkbox"/> \$664	<input type="checkbox"/> \$714
Associate	<input type="checkbox"/> \$514	<input type="checkbox"/> \$564	<input type="checkbox"/> \$614
Retired	<input type="checkbox"/> \$459	<input type="checkbox"/> \$509	<input type="checkbox"/> \$559
Emeritus/Emeritus Legacy	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125

STANDARD REGISTRATION PACKAGE: Includes in-person meeting registration.

CATEGORY	EARLY: BY MARCH 6	ADVANCE: MARCH 7-APRIL 17	REGULAR: APRIL 18-JUNE 4
Full	<input type="checkbox"/> \$729	<input type="checkbox"/> \$829	<input type="checkbox"/> \$929
Nonmember	<input type="checkbox"/> \$1,514	<input type="checkbox"/> \$1,614	<input type="checkbox"/> \$1,714
In-Training Associate	<input type="checkbox"/> \$324	<input type="checkbox"/> \$414	<input type="checkbox"/> \$464
Early Career (Advanced degree holder: (i.e. MD, PhD) who have completed their formal training and are up to 3 years in their professional career)	<input type="checkbox"/> \$489	<input type="checkbox"/> \$539	<input type="checkbox"/> \$589
Associate	<input type="checkbox"/> \$389	<input type="checkbox"/> \$439	<input type="checkbox"/> \$489
Retired	<input type="checkbox"/> \$334	<input type="checkbox"/> \$384	<input type="checkbox"/> \$434
Emeritus/Emeritus Legacy	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Full One-Day	<input type="checkbox"/> \$409	<input type="checkbox"/> \$459	<input type="checkbox"/> \$509
Please check which day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday			
Nonmember One-Day	<input type="checkbox"/> \$674	<input type="checkbox"/> \$724	<input type="checkbox"/> \$774
Please check which day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday			
In-Training Associate One-Day	<input type="checkbox"/> \$179	<input type="checkbox"/> \$209	<input type="checkbox"/> \$239
Please check which day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday			
Early Career One-Day	<input type="checkbox"/> \$224	<input type="checkbox"/> \$254	<input type="checkbox"/> \$284
Please check which day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday			
Associate One-Day	<input type="checkbox"/> \$214	<input type="checkbox"/> \$224	<input type="checkbox"/> \$254
Please check which day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday			
Retired One-Day	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Please check which day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday			
Emeritus/Emeritus Legacy One-Day	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Please check which day <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday			

Guest (Exhibit Only) (All family member 'Guest' registrations must be paid for with personal funds and may not be paid for by industry sponsorship.) \$100

GUEST LAST NAME, FIRST NAME (PLEASE PRINT) _____

ENDOEXPO HALL ONLY REGISTRATION FEES:	EARLY: BY MARCH 6	ADVANCE: MARCH 7-APRIL 17	REGULAR: APRIL 18-JUNE 4
Saturday and Sunday Only	<input type="checkbox"/> \$265	<input type="checkbox"/> \$315	<input type="checkbox"/> \$365
Monday Only	<input type="checkbox"/> \$145	<input type="checkbox"/> \$175	<input type="checkbox"/> \$210
All 3 Days	<input type="checkbox"/> \$410	<input type="checkbox"/> \$490	<input type="checkbox"/> \$575

PROFESSIONAL AND OTHER INFORMATION (PLEASE PRINT ALL INFORMATION.)

Do you treat patients?
 A Yes B No

What is your primary practice area? (Select up to 3 in order of interest)

<input type="checkbox"/> A. Adrenal	<input type="checkbox"/> K. Health Disparities and Equity	<input type="checkbox"/> D. Clinical Fellow in Training	<input type="checkbox"/> B. Advanced Practice Provider (Clinical Practitioner without MD, DO, PhD, or global equivalent)
<input type="checkbox"/> B. Aging	<input type="checkbox"/> L. Lipids	<input type="checkbox"/> E. Clinical Practitioner	<input type="checkbox"/> C. Basic Researcher
<input type="checkbox"/> C. Bone and Mineral Metabolism	<input type="checkbox"/> M. Male Reproductive Health	<input type="checkbox"/> F. Clinical Researcher	<input type="checkbox"/> D. Clinical Fellow in Training
<input type="checkbox"/> D. Cardiovascular Endocrinology	<input type="checkbox"/> N. Neuroendocrinology	<input type="checkbox"/> G. Educator	<input type="checkbox"/> E. Clinical Practitioner
<input type="checkbox"/> E. Diabetes Mellitus	<input type="checkbox"/> O. Nutrition	<input type="checkbox"/> H. Graduate Student/PhD Student	<input type="checkbox"/> F. Clinical Researcher
<input type="checkbox"/> F. Endocrine Cancer and Neoplasia	<input type="checkbox"/> P. Obesity	<input type="checkbox"/> I. Intern	<input type="checkbox"/> G. Educator
<input type="checkbox"/> G. Endocrine Genetics	<input type="checkbox"/> Q. Pediatric Endocrine Practice	<input type="checkbox"/> J. Medical Student	<input type="checkbox"/> H. Graduate Student/PhD Student
<input type="checkbox"/> H. Female Reproductive Health	<input type="checkbox"/> R. Thyroid	<input type="checkbox"/> K. Postdoctoral Research Fellow	<input type="checkbox"/> I. Intern
<input type="checkbox"/> I. General Endocrine Practice	<input type="checkbox"/> S. Transgender Medicine	<input type="checkbox"/> L. Resident	<input type="checkbox"/> J. Medical Student
<input type="checkbox"/> J. Growth		<input type="checkbox"/> M. Retired	<input type="checkbox"/> K. Postdoctoral Research Fellow
		<input type="checkbox"/> N. Undergraduate Student	<input type="checkbox"/> L. Resident
		<input type="checkbox"/> O. Other _____	<input type="checkbox"/> M. Retired
			<input type="checkbox"/> N. Undergraduate Student
			<input type="checkbox"/> O. Other _____

What is your primary professional role?

A. Administrator
 B. Advanced Practice Provider (Clinical Practitioner without MD, DO, PhD, or global equivalent)
 C. Basic Researcher

What is your secondary professional role?

A. Administrator

LAST NAME

FIRST NAME

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PROFESSIONAL AND OTHER INFORMATION (PLEASE PRINT ALL INFORMATION.) CONTINUED FROM OTHER SIDE

What is your primary professional setting?

- A. Academic Department
B. Academic Health Center
C. Government (Veterans Administration, NIH, National Health Service, etc.)
D. Group Practice
E. Hospital/Health Center/Clinic
F. Independent Research Institute
G. Industry
H. Solo Practitioner

What is your primary research interest? (Select up to 3 in order of interest)

- A. Adipose Tissue, Appetite, and Obesity
B. Adrenal
C. Aging
D. Bone and Mineral Metabolism
E. Cardiovascular Endocrinology
F. Clinical Laboratory Techniques
G. Development
H. Diabetes Mellitus and Glucose Metabolism
I. Endocrine Cancer and Neoplasia
J. Endocrine Disruption
K. Endocrine Genetics

- L. Epidemiology
M. Female Reproduction
N. Growth
O. Health Disparities and Equity
P. Health Services Research
Q. Lipids
R. Male Reproduction
S. Neuroendocrinology
T. Nutrition
U. Signaling (Non-steroid hormone signaling)
V. Steroid Hormones and Receptors
W. Thyroid
X. Transgender Research

Are you an Endocrine Chief or Director?

- A Yes B No

Specific Aims Review Mentor Program

- I would like to participate as a mentor and reviewer of an Aims page(s).
I would like to participate as a mentee and have my specific Aims page reviewed.
I will not participate.

Do you conduct research?

- A Yes B No

SOCIAL EVENTS AND PROFESSIONAL DEVELOPMENT

Early Career Forum: Friday, May 31, 2024, 7:30 AM–5:00 PM

- In-Training Member \$125.00
Workshop Only Registration (Does not include ENDO 2024 registration)
(Open to all In-Training Associate; Nonmember wanting to attend must become a member)

1st Parathyroid Summit: Best Practice in the Diagnosis and Management of Hypoparathyroidism: Friday, May 31, 2024, 8:00 AM–3:00 PM

- SOLD OUT

Health Disparities Poster Preview Session:

- Saturday, June 1, 2024, 9:45–11:00 AM FREE

Women in Endocrinology Dinner: Saturday, June 1, 2024, 6:45–10:00 PM

- In-Training Member \$50.00
Full/Nonmember/Retired/Emeritus/Early Career \$85.00

ENDO Career Fair: Sunday, June 2, 2024, 2:00–4:00 PM

- FREE

Health Disparities Symposia: Sunday, June 2, 2024, 1:45–3:15 PM

- FREE

LGBTQIA+ Reception: Sunday, June 2, 2024, 6:00–7:30 PM

- FREE

Association of Endocrine Chiefs and Directors Meeting:

- Sunday, June 2, 2024, 6:15–8:15 PM \$80.00

Minority Mentoring Poster Reception: Monday, June 3, 2024, 6:15–7:45 PM

- FREE

OTHER INFORMATION (PLEASE PRINT ALL INFORMATION.)

- Traveling from outside the US or Canada and will require a Letter of Invitation for travel and visa processing.

- Check box if you need ADA assistance, please submit your requirements below by April 17, 2024 so we can appropriately plan for reasonable accommodations.

Describe special services:

- Dietary restrictions: Vegetarian, Gluten Allergy, Shellfish Allergy, Nut Allergy, Kosher, Other

The Endocrine Society will make every attempt to accommodate dietary requests at official, catered events sponsored by the Society.

QUESTIONS?

For registration information, please call 864.216.7428, Monday–Friday, 9:00 AM to 5:00 PM ET. Fax: 330.425.4983; Email: ENDO@maritz.com. For complete ENDO 2024 program and meeting information, visit endocrine.org.

POLICIES AND INFORMATION

The Endocrine Society reserves the right to accept, reject, or condition acceptance of any registrant, in the Endocrine Society's sole discretion, at any time.

Other Policies

- ENDO attendees grant permission to the Endocrine Society and their agents to utilize the attendee's image or likeness in an effort to promote the Endocrine Society and/or ENDO 2024, the Endocrine Society's Annual Meeting & Expo.
Attendees waive any right to inspect or approve the finished product or products and the advertising copy or other matter than may be used in connection therewith or the use to which it may be applied.
Photography and recording, including camera-enabled cell phones, videotaping and audio recording while participating in sessions, including e-poster sessions are forbidden.
Yes, I have read, understood, and agree. (Required)

PAYMENT INFORMATION (PLEASE PRINT ALL INFORMATION.)

TOTAL SECTIONS (REGISTRATION CATEGORIES) \$ + (SOCIAL EVENTS AND PROFESSIONAL DEVELOPMENT) \$ + (BOOKS, RECORDINGS, AND ADD-ONS) \$ = Total Amount Due \$

Full payment must accompany your registration form. Enclose your check (payable to the Endocrine Society in US funds only).

Purchase orders are not accepted as payment for registration fees. Check (enclosed)

Mail check to: Endocrine Society, ATTN: Finance, 2055 L Street, NW, Suite 600, Washington, DC 20036. If you opt to pay by check, your check must be received within two weeks of the day you register in order to complete your registration. To pay via wire, please email ahamer@endocrine.org. If you are paying via credit card, please contact Maritz at 864.216.7428 to receive a secure credit card payment link. Please do not email or call with any credit card information.

BOOKS, RECORDINGS, AND ADD-ONS

2024 Meet the Professor Book

- Full (including Retired and Emeritus) \$45.00
Nonmember \$65.00
In-Training Associate/Early Career/Associate \$25.00

ESAP™ 2024

- Full (including Retired and Emeritus) \$225.00
Nonmember \$315.00
In-Training Associate/Early Career/Associate \$149.00

Pediatric ESAP 2023-2024

- Full (including Retired and Emeritus) \$225.00
Nonmember \$315.00
In-Training Associate/Early Career/Associate \$149.00

ENDO 2024 Session Recordings

- Full (including Retired and Emeritus) \$125.00
Nonmember \$185.00
In-Training Associate/Early Career/Associate \$100.00

By purchasing a print book with your ENDO registration, you agree to pick it up at the ENDO store in Boston. Refunds will not be provided if pick-up does not take place. Access to the on-line assessment in the Center for Learning is available following purchase of your registration. If you require immediate access to the print book, we encourage you to purchase it through the Society's Online Store.

IMPORTANT ENDO SHUTTLE SERVICE INFORMATION: Attendees who do not reserve rooms through the Society's official housing company (Maritz), must purchase a shuttle pass to be able to ride shuttle buses.

- Shuttle Bus Pass (please read information below) \$75.00
Quantity:

Donate to Award Programs:

- \$1.00 \$5.00 \$10.00 \$20.00 \$30.00 \$40.00 \$50.00
Other Amount: