# **REGISTRATION FORM**

CLINICAL ENDOCRINOLOGY UPDATE (CEU) 2018 ANAHEIM, CALIFORNIA



## A. 2018 CLINICAL ENDOCRINOLOGY UPDATE

Friday, October 19-Sunday, October 21

Early Registration Registration Onsite by August 17 after August 17 Registration

#### **CEU PREMIUM PACKAGE**

(Includes 2018 CEU Session Recordings)

Full Member*	□\$965	□\$1,085	□\$1,135
IT/EC/Associate Member*	□\$675	□\$745	□\$789
RN, NP, or PA	□\$519	□\$595	□\$645
Nonmember	□\$1,229	□\$1,365	□\$1,399

## **CEU STANDARD REGISTRATION**

Full Member*	□\$845	□\$965	□\$1,015
IT/EC/Associate Member*	□\$549	□\$619	□\$669
RN, NP, or PA	□\$399	□\$475	□\$525
Nonmember	□\$1,059	□\$1,195	□\$1,245

#### **ONE-DAY CEU REGISTRATION**

Check One:	☐ Thurs	day	ПF	riday		Saturday
Full Member*		□\$3	99	□\$46	9	□\$519
IT/EC/Associate	Member*	□\$3	99	□\$46	9	□\$519
RN, NP, or PA		□\$2	99	□\$35	9	□\$399
Nonmember		□\$4	19	□\$47	5	□\$525

#### E. EXHIBITOR MAILING LIST

The Endocrine Society provides exhibiting companies with a CEU attendee mailing list to market their booth and products/ services.

☐ Please check the box to be excluded from this list.

## F. PHOTOGRAPHY/VIDEO POLICY

By attending CEU and/or EBR, I grant permission to the Endocrine Society and its agents to utilize my image or likeness to promote the Endocrine Society and/or CEU or EBR. I waive any right to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied. I also acknowledge that photography, including camera-enabled cell phones, videotaping, and audio recording in session rooms, including the exhibit area, is forbidden.

IT = In-Training Member EC = Early Career Member RN = Registered Nurse NP = Nurse Practitioner PA = Physician Assistant

#### **B. REGISTRATION INFORMATION**

All fields are mandatory.

CHECK AP	PLIC	AB	LE	DEGREES.

■ MD or equivalent	<b>□</b> D0	<b>→</b> PhD	■ MD/PhD
□ PA	□ NP	□ RN	□ Other

### CHECK CONSTITUENCY.

□ Administrator/Manager

■ Basic Science	Clinical Science	Clincial Practice

☐ Educator/Teacher

#### CHECK PRIMARY PROFESSIONAL ROLE.

☐ Physician-in-Practice	☐ Basic Scientist	☐ Clinical Scientist	Retired
☐ Student	☐ Trainee/Fellow	Other	
Last Name	First Name	Middle Initial	

■ Nurse/Heathcare Professional

E-mail (required for registration confirmation)

Company/Institution	Department/Division

iling Address		

City	State	Country	Postal Code

## Phone (day): Country Code/City Code/Number

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1	I will require specia	l assistance	(Please attach	a letter	detailing v	our needs	)

	will	require	special	dietary	meals:	
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In case of emergency during the meeting, conta	au	ιu
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ame	Phone

☐ Visa

## D. METHOD OF PAYMENT

□ AMFX

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Full payment must accompany your registration form. Enclose your check (payable to the Endocrine Society, in US funds drawn on a US bank) or complete the credit card information below.

Card Number		Expiration Date	CVV Code

■ MasterCard (no other cards accepted)

Billing Address, with ZIP code (required)

Name of Cardholder (print)

☐ Check

Signature Date (Your signature authorizes your credit card to be charged for the total payment above.)

The Endocrine Society reserves the right to charge the correct amount if different from the total listed above.

## **CANCELLATION POLICY**

Cancellations must be received in writing by September 20, 2018. No refunds will be issued after that date. All cancellations are subject to a \$75 processing charge.

MAIL OR FAX FORM: MAIL: P.O. Box 17020, Baltimore, MD 21297-1020 FAX: +1.202.736.9704

<sup>\*</sup>Membership rates valid with paid 2018 membership dues.