REGISTRATION FORM
CLINICAL ENDOCRINOLOGY UPDATE (CEU) 2018
ANAHEIM, CALIFORNIA

A. 2018 CLINICAL ENDOCRINOLOGY UPDATE
Friday, October 19 — Sunday, October 21

CEU PREMIUM PACKAGE
(Includes 2018 CEU Session Recordings)
❑ Full Member* $965
c $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: ❑ Thursday ❑ Friday ❑ Saturday
❑ Full Member* $399 $469 $519
❑ IT/EC/Associate Member* $399 $469 $519
❑ RN, NP, or PA $299 $359 $399
❑ Nonmember $419 $475 $525

B. REGISTRATION INFORMATION
All fields are mandatory.

CHECK APPLICABLE DEGREES.
❑ MD or equivalent ❑ DO ❑ PhD ❑ MD/PhD
❑ PA ❑ NP ❑ RN ❑ Other

CHECK CONSTITUENCY.
❑ Basic Science ❑ Clinical Science ❑ Clinical Practice

CHECK PRIMARY PROFESSIONAL ROLE.
❑ Administrator/Manager ❑ Educator/Teacher ❑ Nurse/Healthcare Professional
❑ Physician-in-Practice ❑ Basic Scientist ❑ Clinical Scientist ❑ Retired
❑ Student ❑ Trainee/Fellow ❑ Other

Last Name First Name Middle Initial
Company/Institution Department/Division
Mailing Address
City State Country Postal Code
Phone (day): Country Code/City Code/Number E-mail (required for registration confirmation)

C. ADDITIONAL INFORMATION
❑ I will require special assistance. (Please attach a letter detailing your needs.)
❑ I will require special dietary meals:
❑ In case of emergency during the meeting, contact:

Name Phone

D. METHOD OF PAYMENT
TOTAL: $

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.

❑ Check ❑ AMEX ❑ Visa ❑ MasterCard (no other cards accepted)

Billing Address, with ZIP code (required)
Name of Cardholder (print)

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

IT = In-Training Member
EC = Early Career Member
RN = Registered Nurse
NP = Nurse Practitioner
PA = Physician Assistant
*Membership rates valid with paid 2018 membership dues.