

REGISTRATION FORM

CLINICAL ENDOCRINOLOGY UPDATE (CEU) 2018

ANAHEIM, CALIFORNIA



A. 2018 CLINICAL ENDOCRINOLOGY UPDATE

Friday, October 19—Sunday, October 21

Early Registration by August 3 Registration after August 3 Onsite Registration

CEU PREMIUM PACKAGE

(Includes 2018 CEU Session Recordings)

| | | | |
|-------------------------|----------------------------------|----------------------------------|----------------------------------|
| Full Member* | <input type="checkbox"/> \$965 | <input type="checkbox"/> \$1,085 | <input type="checkbox"/> \$1,135 |
| IT/EC/Associate Member* | <input type="checkbox"/> \$675 | <input type="checkbox"/> \$745 | <input type="checkbox"/> \$789 |
| RN, NP, or PA | <input type="checkbox"/> \$519 | <input type="checkbox"/> \$595 | <input type="checkbox"/> \$645 |
| Nonmember | <input type="checkbox"/> \$1,229 | <input type="checkbox"/> \$1,365 | <input type="checkbox"/> \$1,399 |

CEU STANDARD REGISTRATION

| | | | |
|-------------------------|----------------------------------|----------------------------------|----------------------------------|
| Full Member* | <input type="checkbox"/> \$845 | <input type="checkbox"/> \$965 | <input type="checkbox"/> \$1,015 |
| IT/EC/Associate Member* | <input type="checkbox"/> \$549 | <input type="checkbox"/> \$619 | <input type="checkbox"/> \$669 |
| RN, NP, or PA | <input type="checkbox"/> \$399 | <input type="checkbox"/> \$475 | <input type="checkbox"/> \$525 |
| Nonmember | <input type="checkbox"/> \$1,059 | <input type="checkbox"/> \$1,195 | <input type="checkbox"/> \$1,245 |

ONE-DAY CEU REGISTRATION

Check One: Thursday Friday Saturday

| | | | |
|-------------------------|--------------------------------|--------------------------------|--------------------------------|
| Full Member* | <input type="checkbox"/> \$399 | <input type="checkbox"/> \$469 | <input type="checkbox"/> \$519 |
| IT/EC/Associate Member* | <input type="checkbox"/> \$399 | <input type="checkbox"/> \$469 | <input type="checkbox"/> \$519 |
| RN, NP, or PA | <input type="checkbox"/> \$299 | <input type="checkbox"/> \$359 | <input type="checkbox"/> \$399 |
| Nonmember | <input type="checkbox"/> \$419 | <input type="checkbox"/> \$475 | <input type="checkbox"/> \$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

*Membership rates valid with paid 2018 membership dues.

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)

Card Number Expiration Date CVV Code

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