

REGISTRATION FORM

ENDOCRINE BOARD REVIEW (EBR) AND CLINICAL ENDOCRINOLOGY UPDATE (CEU) 2018
MIAMI, FLORIDA



A. 2018 ENDOCRINE BOARD REVIEW

Tuesday, September 4 – Wednesday, September 5

Early Registration by August 3 Registration after August 3 Onsite Registration

EBR PREMIUM PACKAGE

(Includes 2018 EBR Online)

Full Member*	<input type="checkbox"/> \$839	<input type="checkbox"/> \$929	<input type="checkbox"/> \$1,099
IT/EC/Associate Member*	<input type="checkbox"/> \$689	<input type="checkbox"/> \$755	<input type="checkbox"/> \$855
RN, NP, or PA	<input type="checkbox"/> \$535	<input type="checkbox"/> \$615	<input type="checkbox"/> \$715
Nonmember	<input type="checkbox"/> \$939	<input type="checkbox"/> \$1,035	<input type="checkbox"/> \$1,209

EBR STANDARD REGISTRATION

Full Member*	<input type="checkbox"/> \$699	<input type="checkbox"/> \$789	<input type="checkbox"/> \$839
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"/> \$799	<input type="checkbox"/> \$895	<input type="checkbox"/> \$945

B. 2018 CLINICAL ENDOCRINOLOGY UPDATE

Thursday, September 6 – Saturday, September 8

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

ADD EBR PREMIUM PACKAGE TO CEU

(Includes 2018 EBR Online)

Full Member*	<input type="checkbox"/> \$555	<input type="checkbox"/> \$615	<input type="checkbox"/> \$785
IT/EC/Associate Member*	<input type="checkbox"/> \$555	<input type="checkbox"/> \$615	<input type="checkbox"/> \$785
RN, NP, or PA	<input type="checkbox"/> \$429	<input type="checkbox"/> \$489	<input type="checkbox"/> \$629
Nonmember	<input type="checkbox"/> \$625	<input type="checkbox"/> \$679	<input type="checkbox"/> \$829

ADD EBR STANDARD PACKAGE TO CEU

Full Member*	<input type="checkbox"/> \$415	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525
IT/EC/Associate Member*	<input type="checkbox"/> \$415	<input type="checkbox"/> \$475	<input type="checkbox"/> \$525
RN, NP, or PA	<input type="checkbox"/> \$339	<input type="checkbox"/> \$379	<input type="checkbox"/> \$419
Nonmember	<input type="checkbox"/> \$439	<input type="checkbox"/> \$495	<input type="checkbox"/> \$545

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

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.

C. REGISTRATION INFORMATION

All fields are mandatory.

CHECK APPLICABLE DEGREES.

- MD or equivalent DO PhD
 PA NP RN MD/PhD
 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)

D. 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

E. 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 CWV 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 August 6, 2018. No refunds will be issued after that date.
All cancellations are subject to a \$75 processing charge.

F. EXHIBITOR MAILING LIST (CEU ATTENDEES ONLY)

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.

G. 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.

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