

# REGISTRATION FORM

CLINICAL ENDOCRINOLOGY UPDATE (CEU) AND ENDOCRINE BOARD REVIEW (EBR) 2017



## A. 2017 CLINICAL ENDOCRINOLOGY UPDATE

Saturday, September 23—Monday, September 25

CEU PREMIUM PACKAGE	Registration by August 3	Registration after August 3	Onsite Registration
Full Member*	\$ 935	\$ 1,055	\$ 1,119
IT/EC/Associate Member*	\$ 655	\$ 719	\$ 779
RN, NP, or PA	\$ 515	\$ 575	\$ 635
Nonmember	\$ 1,195	\$ 1,325	\$ 1,389

### CEU STANDARD REGISTRATION

Full Member*	\$ 819	\$ 939	\$ 989
IT/EC/Associate Member*	\$ 535	\$ 599	\$ 649
RN, NP, or PA	\$ 395	\$ 455	\$ 505
Nonmember	\$ 1,029	\$ 1,159	\$ 1,209

### ADD EBR PREMIUM PACKAGE TO CEU

(Includes 2017 EBR Online)

Full Member*	\$ 539	\$ 595	\$ 765
IT/EC/Associate Member*	\$ 539	\$ 595	\$ 715
RN, NP, or PA	\$ 539	\$ 595	\$ 715
Nonmember	\$ 605	\$ 659	\$ 829

### ADD EBR STANDARD PACKAGE TO CEU

Full Member*	\$ 405	\$ 459	\$ 509
IT/EC/Associate Member*	\$ 405	\$ 459	\$ 509
RN, NP, or PA	\$ 405	\$ 459	\$ 509
Nonmember	\$ 425	\$ 479	\$ 529

### ONE-DAY CEU REGISTRATION

Check One:  Saturday  Sunday  Monday

Full Member*	\$ 395	\$ 449	\$ 499
IT/EC/Associate Member*	\$ 395	\$ 449	\$ 499
RN, NP, or PA	\$ 295	\$ 349	\$ 399
Nonmember	\$ 405	\$ 459	\$ 509

## B. 2017 ENDOCRINE BOARD REVIEW

Tuesday, September 26—Wednesday, September 27

### EBR PREMIUM PACKAGE

(Includes 2017 EBR Online)

Full Member*	\$ 815	\$ 895	\$ 1,065
IT/EC/Associate Member*	\$ 669	\$ 735	\$ 855
RN, NP, or PA	\$ 519	\$ 595	\$ 715
Nonmember	\$ 915	\$ 1,005	\$ 1,179

### EBR STANDARD REGISTRATION

Full Member*	\$ 679	\$ 759	\$ 809
IT/EC/Associate Member*	\$ 535	\$ 599	\$ 649
RN, NP, or PA	\$ 395	\$ 459	\$ 509
Nonmember	\$ 779	\$ 869	\$ 919

IT = In-Training Member  
EC = Early Career Member

RN = Registered Nurse  
NP = Nurse Practitioner  
PA = Physician Assistant

\*Membership rates valid with paid 2017 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 CW 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 25, 2017. 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