

REGISTRATION FORM (PAGE 1 OF 2)

PROMO CODE: _____ SOCIETY ID#: _____

A. ATTENDEE INFORMATION (PLEASE PRINT ALL INFORMATION.)

Dr Mr Ms Prof Recently applied for membership

LAST NAME _____ FIRST NAME _____ MI _____
 ACADEMIC CREDENTIALS DO MD MD, PhD NP PA PhD RD RN RPH/PharmD Other _____

PROFESSIONAL TITLE _____

COMPANY/INSTITUTION _____ Home Business

DEPARTMENT/DIVISION _____

MAILING ADDRESS _____ STREET _____ CITY _____ STATE/PROVINCE _____ COUNTRY _____ ZIP/POSTAL CODE _____

TELEPHONE (DAY): COUNTRY CODE/CITY CODE/NUMBER _____ FAX: COUNTRY CODE/CITY CODE/NUMBER _____

EMAIL _____ ONSITE CELL PHONE: COUNTRY CODE/CITY CODE/NUMBER _____ NPI NUMBER _____

COPY CONFIRMATION TO ANOTHER PERSON: NAME AND EMAIL _____

EMERGENCY CONTACT (REQUIRED): NAME _____ DAY TELEPHONE _____ EVENING TELEPHONE _____

ALL INFORMATION IN SECTION A MUST BE COMPLETED IN ORDER TO REGISTER. IF INFORMATION IS NOT APPLICABLE PLEASE INDICATE N/A IN THE SPACE PROVIDED.

B. REGISTRATION CATEGORIES (MEMBERSHIP RATES VALID WITH PAID 2018 MEMBERSHIP DUES)

PREMIUM REGISTRATION PACKAGE: Includes ENDO registration, Session Recordings, and *Meet-the-Professor Endocrine Case Management* book.

REG CODE	CATEGORY	EARLY: BY NOV 30	ADVANCED: DEC 1–JAN 16	LATE: JAN 17–MAR 20
P_MEM	Member	<input type="checkbox"/> \$599	<input type="checkbox"/> \$799	<input type="checkbox"/> \$879
P_NON	Nonmember	<input type="checkbox"/> \$1,249	<input type="checkbox"/> \$1,579	<input type="checkbox"/> \$1,689
P_ITM	In-Training Member	<input type="checkbox"/> \$359	<input type="checkbox"/> \$489	<input type="checkbox"/> \$529
P_ECM	Early Career Member (Advanced degree holder: (i.e. MD, PhD) who have completed their formal training and are up to 3 years in their professional career)	<input type="checkbox"/> \$419	<input type="checkbox"/> \$549	<input type="checkbox"/> \$589
P_NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$359	<input type="checkbox"/> \$489	<input type="checkbox"/> \$529
P_RM	Retired Members	<input type="checkbox"/> \$349	<input type="checkbox"/> \$459	<input type="checkbox"/> \$509

STANDARD REGISTRATION PACKAGE: Includes ENDO registration ONLY. DOES NOT include Session Recordings or *Meet-the-Professor Endocrine Case Management* book.

REG CODE	CATEGORY	EARLY: BY NOV 30	ADVANCED: DEC 1–JAN 16	LATE/ON-SITE: JAN 17–MAR 20
MEM	Member	<input type="checkbox"/> \$499	<input type="checkbox"/> \$669	<input type="checkbox"/> \$749
NON	Nonmember	<input type="checkbox"/> \$1,149	<input type="checkbox"/> \$1,379	<input type="checkbox"/> \$1,489
ITM	In-Training Member	<input type="checkbox"/> \$259	<input type="checkbox"/> \$359	<input type="checkbox"/> \$399
ECM	Early Career Member (Advanced degree holder: (i.e. MD, PhD) who have completed their formal training and are up to 3 years in their professional career)	<input type="checkbox"/> \$319	<input type="checkbox"/> \$419	<input type="checkbox"/> \$459
NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$259	<input type="checkbox"/> \$359	<input type="checkbox"/> \$399
RM	Retired Member	<input type="checkbox"/> \$249	<input type="checkbox"/> \$329	<input type="checkbox"/> \$379
EMEM	Emeritus Member	<input type="checkbox"/> FREE		
MEM_ONE	Member One-Day	<input type="checkbox"/> \$289	<input type="checkbox"/> \$369	<input type="checkbox"/> \$429
	Please check which day	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday
MEM_TWO	Member Two-Days	<input type="checkbox"/> \$349	<input type="checkbox"/> \$469	<input type="checkbox"/> \$549
	Please check two days	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday
NON_ONE	Nonmember One-Day	<input type="checkbox"/> \$439	<input type="checkbox"/> \$559	<input type="checkbox"/> \$599
	Please check which day	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday
ITO_ONE	In-Training/RN/PA/ENS Member One-Day	<input type="checkbox"/> \$149	<input type="checkbox"/> \$169	<input type="checkbox"/> \$199
	Please check which day	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday
ECM_ONE	Early Career Member One-Day	<input type="checkbox"/> \$179	<input type="checkbox"/> \$199	<input type="checkbox"/> \$239
	Please check which day	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday
RM_ONE	Retired Member One-Day	<input type="checkbox"/> \$149	<input type="checkbox"/> \$169	<input type="checkbox"/> \$199
	Please check which day	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday
G	Guest (Exhibit Only)*	<input type="checkbox"/> \$100		

*All family member 'Guest' registrations must be paid for with personal funds and may not be paid for by industry sponsorship. GUEST LAST NAME, FIRST NAME (PLEASE PRINT) _____

C. PROFESSIONAL AND OTHER INFORMATION (PLEASE PRINT ALL INFORMATION.)

What is your primary professional role?

- A Administrator/Manager
- B Educator/Teacher
- C Nurse/Healthcare Professional
- D Physician-in-Practice
- E Basic Scientist
- F Clinical Scientist
- G Student
- H Trainee/Fellow
- I Retired
- J Other _____

What is your professional setting?

- A Academic Institution
- B Government/Military
- C Hospital/Clinic
- D Pharmaceutical/Industry
- E Private Practice
- F Private Research Firm/Institute
- G Other _____

Do you conduct research?

- A Yes B No
- If 'Yes', choose up to three areas that best represent your research?
 - A Adrenal
 - B Aging
 - C Adipose Tissue, Appetite, and Obesity
 - D Bone and Mineral Metabolism
 - E Cardiovascular Endocrinology
 - F Development
 - G Diabetes Mellitus and Glucose Metabolism
 - H Endocrine Cancer and Neoplasia
 - I Endocrine Disruption
 - J Endocrine Genetics
 - K Growth
 - L Health Disparities and Equity
 - M Health Services Research
 - N Lipids
 - O Neuroendocrinology

- P Nutrition
- Q Female Reproductive Health and Biology
- R Male Reproductive Health and Biology
- S Signaling (Non-steroid hormone signaling)
- T Steroid Hormones and Receptors
- U Thyroid

Do you treat patients?

- A Yes B No
- If 'Yes', choose up to three areas that best represent your practice.
 - A Adrenal
 - B Aging
 - C Bone and Mineral Metabolism
 - D Cardiovascular Endocrinology
 - E Diabetes Mellitus
 - F Endocrine Cancer and Neoplasia
 - G Endocrine Genetics
 - H Female Reproductive Health and Biology
 - I General Endocrine Practice

- J Growth
- K Health Disparities and Equity
- L Lipids
- M Male Reproductive Health and Biology
- N Neuroendocrinology
- O Nutrition
- P Obesity
- Q Pediatric Endocrine Practice
- R Thyroid
- S Transgender Medicine

First time attending ENDO?

- A Yes B No
- A If 'Yes', please pair me with another attendee to help me make the most out of my ENDO experience. (Deadline: March 2, 2018)
- B If 'No', please pair me with a first-time attendee to help make the most of their ENDO experience. (Deadline: March 2, 2018)

LAST NAME

FIRST NAME

MI

D. OTHER EVENTS AND SPECIAL ACTIVITIES

- [ENSS] Endocrine Nurses Society: Symposium, Business Meeting, Poster Session, and Reception: Sunday, March 18**
 ENS Member FREE
 ENS Nonmember FREE
- [ECR] Early Career Forum: Friday, March 16**
 In-Training Member \$125.00
 Workshop Only Registration (Does not include ENDO 2018 registration) (Open to all In-Training Members; Nonmember wanting to attend must become a member)
- [THYB_WKP] Introductory Thyroid Hands-On Ultrasound Workshop: Friday, March 16**
 EARLY REGULAR
 Member \$395.00 \$415.00
 Nonmember \$475.00 \$499.00
 In-Training/Early Career Member/Nurse \$275.00 \$289.00
- [THYA_WKP] Advanced Thyroid Hands-On Ultrasound Workshop: Friday, March 16**
 EARLY REGULAR
 Member \$445.00 \$469.00
 Nonmember \$525.00 \$549.00
 In-Training/Early Career Member/Nurse \$305.00 \$319.00
- [CMB] Managing Cardiometabolic Risk: Practical Considerations and Emerging Approaches: Friday, March 16**
 EARLY REGULAR
 Member \$95.00 \$115.00
 Nonmember \$135.00 \$150.00
 In-Training/Early Career Member/Nurse \$55.00 \$65.00
 Workshop Only Registration (Does not include ENDO 2018 registration)
- [WED_DIN] Women in Endocrinology Annual Meeting: Saturday, March 17** \$75.00
- [AECD] Association of Endocrine Chiefs and Directors Meeting: Saturday, March 17**
 AECD Member \$85.00
 Nonmember \$99.00
- [MMP] Minority Mentoring and Poster Reception: Sunday, March 18** FREE
 Yes, I would like to volunteer as a mentor* YES
 *Deadline: February 2, 2018
- [GW] Career Center: Grant Writing and Specific Aims Critiques: Saturday, March 17–Monday, March 19** FREE
 (Individually scheduled sessions offered on first-come, first-serve basis)
 *Deadline: January 26, 2018

E. ANCILLARY MEETINGS

- [ATA] American Thyroid Association (ATA) Symposium: Friday, March 16**
 ATA/ES Member \$159.00
 Nonmember \$179.00
 ATA/ES In-Training/Early Career Member \$49.00
 Thyroid Patient/Non-Physician Attendee \$49.00
- AE-PCOS 2018 Ancillary Meeting: Friday, March 16**
 AE-PCOS Member \$120.00
- [AE_ENDOMEM] Endocrine Society Member** \$120.00
[AE_ENDONON] Nonmember \$180.00

PHOTOGRAPHY/VIDEO POLICY

ENDO attendees grant permission to the Endocrine Society and their agents to utilize the attendee's image or likeness in an effort to promote the Endocrine Society and/or the Endocrine Society's Annual Meeting & Expo. Attendees 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. Photography, including camera-enabled cell phones, videotaping and audio recording in session rooms, including poster sessions and the ENDOExpo Hall is forbidden.

Yes, I have read, understood, and agree.

H. PAYMENT INFORMATION (PLEASE PRINT ALL INFORMATION.)

TOTAL SECTIONS B \$ _____ + D \$ _____ + E \$ _____ + F \$ _____ = Total Amount Due \$ _____

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

Purchase orders are not accepted as payment for registration fees. Check (enclosed) VISA MasterCard American Express

NAME OF CARDHOLDER (PLEASE PRINT)

CARD NUMBER

EXPIRATION DATE (MM/YY)

BILLING ADDRESS

BILLING ZIP/POSTAL CODE

SIGNATURE *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 payment listed above.*

Mail check to: Endocrine Society, ATTN: Finance, 2055 L Street, NW, Suite 600, Washington, DC 20036

Cancellations must be made in writing. Cancellations received by January 14, 2018 will receive a full refund, minus a \$75 processing fee. Requests for changing Premium Package will not be honored after January 14. Cancellations received by February 19, 2018 will receive a 50% refund. No refunds issued for cancellations or no-shows after February 19. Send requests for refunds to:

MAIL: Endocrine Society 2018, c/o Convention Data Services, 107 Waterhouse Road, Bourne, MA 02352 OR **EMAIL:** ENDO@xpressreg.net OR **FAQ:** 508.743.9684 OR **PHONE:** 774.247.4000

F. PRODUCT SALES

PRODUCTS FOR SALE	EARLY	ADVANCED	ON-SITE
<i>MEET-THE-PROFESSOR: ENDOCRINE CASE MANAGEMENT BOOK</i>			
Member	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$65.00
Nonmember	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$75.00	<input type="checkbox"/> \$85.00
In-Training/Early Career Member/RN	<input type="checkbox"/> \$35.00	<input type="checkbox"/> \$45.00	<input type="checkbox"/> \$45.00
<i>ENDO 2018 SESSION RECORDINGS</i>			
Member	<input type="checkbox"/> \$179.00	<input type="checkbox"/> \$189.00	<input type="checkbox"/> \$199.00
Nonmember	<input type="checkbox"/> \$269.00	<input type="checkbox"/> \$279.00	<input type="checkbox"/> \$299.00
In-Training/Early Career Member/RN	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$150.00
<i>ESAP™ 2018</i>			
Member	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$235.00
Nonmember	<input type="checkbox"/> \$315.00	<input type="checkbox"/> \$330.00	<input type="checkbox"/> \$330.00
In-Training/Early Career Member/RN	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$149.00
<i>PEDIATRIC ESAP 2017-2018</i>			
Member	<input type="checkbox"/> \$225.00	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$235.00
Nonmember	<input type="checkbox"/> \$315.00	<input type="checkbox"/> \$330.00	<input type="checkbox"/> \$330.00
In-Training/Early Career Member/RN	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$149.00	<input type="checkbox"/> \$149.00

[SBP] Shuttle Bus Pass (please read information below) \$75.00

Quantity: _____

IMPORTANT ENDO SHUTTLE SERVICE INFORMATION: Attendees who do not reserve rooms through the Society's official housing company (onPeak), must purchase a shuttle pass to be able to ride shuttle buses.

Donate to Trainee Travel Awards: \$1.00 \$5.00 \$10.00 \$20.00
 \$30.00 \$40.00 \$50.00 Other Amount: _____

G. OTHER INFORMATION (PLEASE PRINT ALL INFORMATION.)

- Traveling from outside the US or Canada and will require a Letter of Invitation for travel and visa processing.
 PASSPORT NUMBER (REQUIRED): _____
- Require special services.
 Describe special services: _____
- Dietary restrictions: Vegetarian Kosher Gluten Allergy
 Shellfish Allergy Other _____
- Requests may be accommodated for ticketed events only.