

## STUDENT/FELLOW MEMBER GROUP REGISTRATION FORM (PAGE 1 OF 2)

SOCIETY ID# \_\_\_\_\_

**REGISTER TWO IN-TRAINING MEMBERS AND GET THE THIRD IN-TRAINING MEMBER REGISTRATION FREE.**

- Hotel accommodations MUST be booked through ENDO 2018 housing company, onPeak, or offer will not be valid (does not apply to local registrants)
- Everyone in the group must be from the same organization, same department, and same city
- Group registration payment must be made with one transaction
- Maximum number of free registrants is four (4)
- All forms must be submitted at the same time

### 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/ON-SITE: JAN 17–MAR 20
P_ITM	In-Training Member	<input type="checkbox"/> \$359	<input type="checkbox"/> \$489	<input type="checkbox"/> \$529
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) \_\_\_\_\_

**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
ITM	In-Training Member	<input type="checkbox"/> \$259	<input type="checkbox"/> \$359	<input type="checkbox"/> \$399
ITO_ONE	In-Training/RN/PA/ENS Member One-Day	<input type="checkbox"/> \$149	<input type="checkbox"/> \$169	<input type="checkbox"/> \$199
		<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

#### 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

#### Do you research?

- 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
[ECR] Early Career Forum: Friday, March 16
[THYB\_WKP] Introductory Thyroid Hands-On Ultrasound Workshop: Friday, March 16
[THYA\_WKP] Advanced Thyroid Hands-On Ultrasound Workshop: Friday, March 16
[CMB] Managing Cardiometabolic Risk: Practical Considerations and Emerging Approaches: Friday, March 16
[WED\_DIN] Women in Endocrinology Annual Meeting: Saturday, March 17
[AECD] Association of Endocrine Chiefs and Directors Meeting: Saturday, March 17
[MMP] Minority Mentoring and Poster Reception: Sunday, March 18
[GW] Career Center: Grant Writing and Specific Aims Critiques: Saturday, March 17-Monday, March 19

E. ANCILLARY MEETINGS

- [ATA] American Thyroid Association (ATA) Symposium: Friday, March 16
[AE\_MEM] AE-PCOS Member
[AE\_ENDOMEM] Endocrine Society Member
[AE\_ENDONON] Nonmember

F. PRODUCT SALES

Table with columns: PRODUCTS FOR SALE, EARLY, ADVANCED, ON-SITE. Rows include MEET-THE-PROFESSOR: ENDOCRINE CASE MANAGEMENT BOOK, ENDO 2018 SESSION RECORDINGS, ESAPT™ 2018, PEDIATRIC ESAP 2017-2018.

[SBP] Shuttle Bus Pass (please read information below) 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.
Require special services.
Dietary restrictions: Vegetarian, Kosher, Gluten Allergy, Shellfish Allergy, Other

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.

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 FAX: 508.743.9684 OR PHONE: 774.247.4000