

REGISTRATION FORM (PAGE 1 OF 2)

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 2016 MEMBERSHIP DUES)

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

REG CODE	CATEGORY	EARLY: BY JAN 13	REGULAR: JAN 14 – FEB 25	LATE/ONSITE: FEB 26 – APRIL 4
P_MEM	Member	<input type="checkbox"/> \$599	<input type="checkbox"/> \$759	<input type="checkbox"/> \$829
P_NON	Nonmember	<input type="checkbox"/> \$1,279	<input type="checkbox"/> \$1,499	<input type="checkbox"/> \$1,599
P_ITMEM	In-Training Member	<input type="checkbox"/> \$369	<input type="checkbox"/> \$469	<input type="checkbox"/> \$499
P_ECMEM	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"/> \$429	<input type="checkbox"/> \$529	<input type="checkbox"/> \$559
P_NPR	NP, PA, or RN (including ENS Members)	<input type="checkbox"/> \$369	<input type="checkbox"/> \$469	<input type="checkbox"/> \$499

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 JAN 13	REGULAR: JAN 14 – FEB 25	LATE/ONSITE: FEB 26 – APRIL 4
MEM	Member	<input type="checkbox"/> \$469	<input type="checkbox"/> \$629	<input type="checkbox"/> \$699
NON	Nonmember	<input type="checkbox"/> \$1,079	<input type="checkbox"/> \$1,299	<input type="checkbox"/> \$1,399
ITM	In-Training Member	<input type="checkbox"/> \$239	<input type="checkbox"/> \$339	<input type="checkbox"/> \$369
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"/> \$299	<input type="checkbox"/> \$399	<input type="checkbox"/> \$429
NPR	NP, PA, or RN (including ENS Members)	<input type="checkbox"/> \$239	<input type="checkbox"/> \$339	<input type="checkbox"/> \$369
MEM_ONE	Member One Day	<input type="checkbox"/> \$269	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399
	Please check which day	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday
NON_ONE	Nonmember One Day	<input type="checkbox"/> \$409	<input type="checkbox"/> \$519	<input type="checkbox"/> \$559
	Please check which day	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday
ITO_ONE	In-Training/RN/PA/ENS Member One Day	<input type="checkbox"/> \$139	<input type="checkbox"/> \$159	<input type="checkbox"/> \$189
	Please check which day	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday
ECM_ONE	Early Career Member One Day	<input type="checkbox"/> \$169	<input type="checkbox"/> \$189	<input type="checkbox"/> \$219
	Please check which day	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday <input type="checkbox"/> Monday
EMEM	Emeritus Member	<input type="checkbox"/> FREE		
G	Guest	<input type="checkbox"/> \$100		

GUEST LAST NAME, FIRST NAME (PLEASE PRINT) _____

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

What is your primary constituency?

- A Basic Science
- B Clinical Science
- C Clinical Practice

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 _____

What is your specialty area?

- A Adult Endocrinology
- B Internal Medicine
- C Pediatric Endocrinology
- D Research
- E Other _____

Please indicate your highest degree of education to date.

- A Bachelor of Science
- B Masters of Science
- C Masters of Public Health
- D MD (or equivalent)
- E MD/PhD
- F No degree/In undergraduate-training
- G Other _____

Would you like to receive a print version of the ENDO Meeting & Expo Guide onsite?

- A Yes
- B No, I will use the mobile app

What is your training status?

- A Completed Training
- B Clinical Fellowship
- C Graduate School
- D Internship/Residency
- E Medical School
- F Postdoc/Research Fellowship
- G Undergraduate School

What role(s) do you play in the purchase of products/services?

- A Recommend product
- B Request product to be purchased by facility
- C Authorize purchase
- D No role

LAST NAME

FIRST NAME

MI

D. OTHER EVENTS AND SPECIAL ACTIVITIES

- [ENSS] Endocrine Nurses Society: Symposium, Business Meeting, Luncheon, and Poster Session: Sunday, April 3**
 ENS Member Attending Program (including lunch) FREE
 Nonmember (including lunch) \$35.00
- [ECR] Early Career Forum: Thursday, March 31**
 In-Training Member \$125.00
 Workshop Only Registration (Does not include ENDO 2016 Registration) (Open to all In-Training Members; Nonmember wanting to attend must become a member)
- [CT_WKP] New This Year! Tools for Improving Your Teaching: Clinical Teaching Workshop: Thursday, March 31**
 Member \$75.00
 Nonmember \$125.00
 In-Training/Early Career Member/Nurse \$75.00
- [THY_WKP] Introductory Thyroid Hands-On Ultrasound Workshop: Thursday, March 31**
 Member \$375.00
 Nonmember \$445.00
 In-Training/Early Career Member/Nurse \$260.00
- [THYA_WKP] Advanced Thyroid Hands-On Ultrasound Workshop: Thursday, March 31**
 Member \$425.00
 Nonmember \$495.00
 In-Training/Early Career Member/Nurse \$295.00
- [OBM] Obesity Management: Thursday, March 31**
 Member \$55.00
 Nonmember \$99.00
 In-Training/Early Career Member/Nurse \$45.00
 Workshop Only Registration (Does not include ENDO 2016 Registration)
- [DDM] Diabetes Diagnosis & Management: Thursday, March 31**
 Member \$55.00
 Nonmember \$99.00
 In-Training/Early Career Member/Nurse \$45.00
 Workshop Only Registration (Does not include ENDO 2016 Registration)

- [ATA] American Thyroid Association (ATA) Symposium: Thursday, March 31**
 ATA/ES Member \$149.00
 Nonmember \$169.00
 ATA/ES In-Training/Early Career Member \$29.00
- [WEND_DIN] Women in Endocrinology Annual Meeting: Friday, April 1** \$75.00
- [AECDD] Association of Endocrine Chiefs and Directors Meeting: Friday, April 1**
 AECD Member \$65.00
 Nonmember \$99.00
- [MMP] Minority Mentoring and Poster Reception: Saturday, April 2** FREE
 Yes, I would like to volunteer as a mentor* YES
 *Deadline: February 26, 2016
- [CDET_WKP] Career Development Workshop: Making the Transition to Translational Research: Sunday, April 3** \$30.00
- [CDGW_WKP] Career Development Workshop: Grant Writing and Specific Aims Critiques: Sunday, April 3** \$30.00

CAREER CENTER – INTERNATIONAL SEMINAR SERIES

- [ASSR_SEM] Approaches to Securing Salary Support for Research in the US and Elsewhere: Saturday, April 1** FREE
- [APRF_SEM] Approaches to Securing A US Research Fellowship: Friday, April 2** FREE
- [PICS_SEM] Practical Issues for International Clinicians and Scientists to Live And Work in the US: Sunday, April 3** FREE
- [NETK] Networking Reception: Sunday, April 3** FREE

E. PRODUCT SALES

- [BOOK] Meet-the-Professor Endocrine Case Management Book**
 Member/ENS Member/Nurse \$35.00
 Nonmember \$45.00
- [ESAP] ESAP™ 2016**
 Member \$225.00
 Nonmember \$315.00
 In-Training/Early Career Member \$179.00
- [PESAP] Pediatric ESAP™ 2015-2016**
 Member \$225.00
 Nonmember \$315.00
 In-Training/Early Career Member \$179.00

- [SESS] Session Recordings**
 Member \$130.00
 Nonmember \$200.00
 In-Training/Early Career Member/Nurse \$130.00
- [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.

F. 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 assistance.
 Contact Danielle Raiford at draiford@endocrine.org or 202.971.3686.

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 Expo Hall is forbidden.
 Yes, I have read, understood, and agree.

G. PAYMENT INFORMATION (PLEASE PRINT ALL INFORMATION.)

TOTAL SECTIONS B \$ _____ + D \$ _____ + E \$ _____ = 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 13, 2016 will receive a full refund, minus a \$75 processing fee. Requests for changing Premium Package will not be honored after January 13. Cancellations received by February 25, 2016 will receive a 50% refund. No refunds issued for cancellations or no-shows after February 25. All refunds will be processed after ENDO 2016. Send requests for refunds to: **MAIL:** Endocrine Society, c/o Convention Data Services, 107 Waterhouse Road, Bourne, MA 02352 OR **EMAIL:** ENDO@xpressreg.net OR **FAX:** 508.743.9684