

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 2019 MEMBERSHIP DUES)

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

REG CODE	CATEGORY	EARLY: BY DEC 6	ADVANCED: DEC 7–JAN 31	LATE/ON-SITE: FEB 1–MAR 26
P_MEM	Member	<input type="checkbox"/> \$694	<input type="checkbox"/> \$794	<input type="checkbox"/> \$894
P_NON	Nonmember	<input type="checkbox"/> \$1,444	<input type="checkbox"/> \$1,544	<input type="checkbox"/> \$1,644
P_ITM	In-Training Member	<input type="checkbox"/> \$369	<input type="checkbox"/> \$459	<input type="checkbox"/> \$509
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"/> \$494	<input type="checkbox"/> \$544	<input type="checkbox"/> \$594
P_NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$434	<input type="checkbox"/> \$484	<input type="checkbox"/> \$534
P_RM	Retired Members	<input type="checkbox"/> \$404	<input type="checkbox"/> \$454	<input type="checkbox"/> \$504

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 DEC 6	ADVANCED: DEC 7–JAN 31	LATE/ON-SITE: FEB 1–MAR 26
MEM	Member	<input type="checkbox"/> \$569	<input type="checkbox"/> \$669	<input type="checkbox"/> \$769
NON	Nonmember	<input type="checkbox"/> \$1,269	<input type="checkbox"/> \$1,369	<input type="checkbox"/> \$1,469
ITM	In-Training Member	<input type="checkbox"/> \$269	<input type="checkbox"/> \$359	<input type="checkbox"/> \$409
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"/> \$369	<input type="checkbox"/> \$419	<input type="checkbox"/> \$469
NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$309	<input type="checkbox"/> \$359	<input type="checkbox"/> \$409
RM	Retired Member	<input type="checkbox"/> \$279	<input type="checkbox"/> \$329	<input type="checkbox"/> \$379
EMEM	Emeritus Member	<input type="checkbox"/> FREE		
MEM_ONE	Member One-Day	<input type="checkbox"/> \$319	<input type="checkbox"/> \$369	<input type="checkbox"/> \$419
	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"/> \$399	<input type="checkbox"/> \$469	<input type="checkbox"/> \$539
	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"/> \$519	<input type="checkbox"/> \$569	<input type="checkbox"/> \$619
	Please check which day	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday
		<input type="checkbox"/> Tuesday		
ITO_ONE	In-Training Member One-Day	<input type="checkbox"/> \$139	<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"/> \$169	<input type="checkbox"/> \$199	<input type="checkbox"/> \$229
	Please check which day	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday
		<input type="checkbox"/> Tuesday		
NPR_ONE	RN/PA/ENS Member One-Day	<input type="checkbox"/> \$159	<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) (All family member 'Guest' registrations must be paid for with personal funds and may not be paid for by industry sponsorship.)	<input type="checkbox"/> \$100		

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: February 14, 2019)
- B If 'No', please pair me with a first-time attendee to help make the most of their ENDO experience. (Deadline: February 14, 2019)

LAST NAME

FIRST NAME

MI

D. OTHER EVENTS AND SPECIAL ACTIVITIES

[PAN] Pan American Neuroendocrine Society: Thursday, March 21-Friday, March 22
EARLY REGULAR
PANS Member \$329.00 \$379.00
Nonmember \$499.00
In-Training Member \$99.00

[ECR] Early Career Forum: Friday, March 22
In-Training Member \$95.00
Workshop Only Registration (Does not include ENDO 2019 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 22
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 22
EARLY REGULAR
Member \$445.00 \$469.00
Nonmember \$525.00 \$549.00
In-Training/Early Career Member/Nurse \$305.00 \$319.00

[LGBT] LGBTQ+ and Allies Reception: Saturday, March 23 FREE

[ENSS] Endocrine Nurses Society: Symposium, Business Meeting, Poster Session, and Reception: Saturday, March 23
ENS Member FREE
ENS Nonmember FREE

[WED_DIN] Women in Endocrinology Annual Meeting: Saturday, March 23 \$75.00

[AECD] Association of Endocrine Chiefs and Directors Meeting: Saturday, March 23
AECD Member \$85.00
Nonmember \$99.00

[MMP] Minority Mentoring and Poster Reception: Sunday, March 24
Yes, I would like to volunteer as a mentor* YES
*Deadline: February 1, 2019

[GW] Career Center: Grant Writing and Specific Aims Critiques: Saturday, March 23-Monday, March 25
(Individually scheduled sessions offered on first-come, first-serve basis)
Deadline: January 28, 2019

[BIOINFO_WKP] Bioinformatics Workshop: Interactions and Pathways: Tuesday, March 26 \$75.00

E. ANCILLARY MEETINGS

[ATA] American Thyroid Association (ATA) Symposium: Friday, March 22
ATA/ES Member \$159.00
Nonmember \$179.00
ATA/ES In-Training/Early Career Member \$49.00
Thyroid Patient/Non-Physician Attendee \$49.00
Registered Media FREE

AE-PCOS 2018 Ancillary Meeting: Friday, March 22

[AE_MEM] AE-PCOS Member \$125.00
[AE_ENDOMEM] Endocrine Society Member \$125.00
[AE_ENDONON] Nonmember \$190.00

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 17, 2019 will receive a full refund, minus a \$75 processing fee. Requests for changing Premium Package will not be honored after January 17. Cancellations received by February 14, 2019 will receive a 50% refund. No refunds issued for cancellations or no-shows after February 14. Send requests for refunds to:

MAIL: Endocrine Society 2019, c/o Convention Data Services, 7 Technology Park, Bourne, MA 02352 OR EMAIL: ENDO@xpressreg.net OR FAX: 508.743.9684 OR PHONE: 774.247.4000

F. PRODUCT SALES

Table with columns: PRODUCTS FOR SALE, EARLY BY MARCH 20, ON-SITE (MARCH 21-26). Rows include MEET-THE-PROFESSOR: ENDOCRINE CASE MANAGEMENT BOOK, ENDO 2019 SESSION RECORDINGS, ESAPT 2019, PEDIATRIC ESAP 2019-2020.

[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 Gluten Allergy Shellfish Allergy Other Kosher \$55 fee (ticketed events only)

Requests may be accommodated for ticketed events only.