

ENDO 09 REGISTRATION FORM

EARLY REGISTRATION DEADLINE: **APRIL 17, 2009** • ADVANCE REGISTRATION DEADLINE: **MAY 22, 2009**

PROMO CODE _____

A. REGISTRATION INFORMATION

(PLEASE PRINT ALL INFORMATION)

SOCIETY ID# _____

Prefix: 1 Dr. 2 Mr.
3 Ms. 4 Prof.

Check applicable degrees:
5 MD 6 PhD 7 MD, PhD
8 RN 9 DO 10 RPh
11 Other: _____

Which of the following best describes your primary & secondary professional role? ("1" for primary, "2" for secondary)

- A Administrator
- B Basic Researcher
- C Clinical Researcher
- D Clinical Practitioner
- E Fellow, Clinical
- F Fellow, Postdoc/Research
- G Industry/Corporate
- H Nurse/Healthcare
- I Retired
- J Student
- K Teacher/Educator
- L Other

LAST NAME			FIRST NAME			MIDDLE INITIAL		
PROFESSIONAL TITLE								
COMPANY/INSTITUTION								
DEPARTMENT/DIVISION						HOME OR BUSINESS		
MAILING ADDRESS			STREET					
CITY			STATE			COUNTRY		
						ZIP/POSTAL CODE		
TELEPHONE (DAY): COUNTRY CODE/CITY CODE/NUMBER						FAX: COUNTRY CODE/CITY CODE/NUMBER		
E-MAIL								

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

B. REGISTRATION CATEGORIES & FEES

ALL FEES ARE IN U.S. DOLLARS

	RECEIVED BY APRIL 17	RECEIVED AFTER APRIL 17
MEMBER		
1 <input type="checkbox"/> Professional	\$390	\$535
2 <input type="checkbox"/> In Training	\$200	\$290
3 <input type="checkbox"/> Emeritus Member	\$0	\$0
4 <input type="checkbox"/> ENS Nurse	\$390	\$535
8 <input type="checkbox"/> One Day Only (PLEASE SELECT ONE)	\$225	\$290
SPECIFY DAY <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT		
<input type="checkbox"/> I recently applied for membership		
NON-MEMBER		
5 <input type="checkbox"/> Professional	\$860	\$990
6 <input type="checkbox"/> In Training	\$355	\$455
7 <input type="checkbox"/> Nurse	\$860	\$990
9 <input type="checkbox"/> One Day Only (PLEASE SELECT ONE)	\$295	\$365
SPECIFY DAY <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT		
OTHER		
10 <input type="checkbox"/> Complimentary	\$0	\$0
11 <input type="checkbox"/> Guest/Spouse	\$95	\$95

GUEST LAST NAME _____

GUEST FIRST NAME _____

TOTAL SECTION B: \$ _____

C. EVENT & WORKSHOP FEES

(Limited attendance at each)

1 Thyroid Sonography Hands-on Wkshop, Tue, June 9 Beginners Course - 5 Hour Course	
<input type="checkbox"/> Member	\$365
<input type="checkbox"/> Non-Member	\$425
<input type="checkbox"/> In Training	\$250
2 Thyroid Sonography Hands-on Workshop Advanced Course - 4 Hour Course, Tue, June 9 (Pre-requisite required see details at www.endo-society.org/endo09/events.cfm)	
<input type="checkbox"/> Member	\$395
<input type="checkbox"/> Non-Member	\$455
<input type="checkbox"/> In Training	\$275
3 Women in Endocrinology Dinner, Wed, June 10	
<input type="checkbox"/> All attendees	\$65
4 Cardiovascular Endocrinology Dinner, Tue, June 9	
<input type="checkbox"/> All attendees	\$65
6 Endocrine Disrupting Chemicals, Tue, June 9	
<input type="checkbox"/> Member	\$125
<input type="checkbox"/> Non-Member	\$150
<input type="checkbox"/> In Training	\$75
7 Medical Science Liaison Endocrinology Workshop, Tue, June 9	
<input type="checkbox"/> All attendees	\$340
8 Practice Management Workshop, Fri, June 12	
<input type="checkbox"/> Member	\$125
<input type="checkbox"/> Non-Member	\$150
<input type="checkbox"/> Nurses/Office Staff	\$75
<input type="checkbox"/> Physician/Office Staff 2 for 1	\$150
Office Staff Name _____	

OFFICE STAFF LAST NAME _____

OFFICE STAFF FIRST NAME _____

TOTAL SECTION C: \$ _____

D. OPTIONAL FEES

9 ENDO 09 Session Library Online & DVD Combo (includes shipping & handling)	Pre-Meeting	On-Site
<input type="checkbox"/> Member	\$150	\$200
<input type="checkbox"/> Non-Member	\$200	\$275
<input type="checkbox"/> In-Training Member	\$120	\$150
<input type="checkbox"/> In-Training Non-Member	\$170	\$225

TOTAL SECTION D: \$ _____

E. PAYMENT DUE

TOTAL (B + C + D): \$ _____

F. SPECIAL ACTIVITIES REGISTRATION

Indicate which free activities you would like to attend (Limited attendance at each).

- 10 Fellow and Student Reception, Tue, June 9
- 11 Endocrine Nurses Society (ENS) Poster Session & Recept, Wed, June 10
- 12 Endocrine Nurses Society (ENS) Symp, Bus Mtg, Lunch, Thu, June 11
- 13 Minority Mentoring Reception, Thu, June 11
- 14 Clinical Practitioners Luncheon, Thu, June 11 - Sold Out

G. MEET THE PROFESSOR HANDOUT BOOK

15 I would like to receive a "Meet the Professor" Book onsite.

I. ADDITIONAL INFORMATION

- I will require special assistance. (Attach description of needs)
- I am traveling from outside the U.S. or Canada and will require a Letter of Invitation for travel and visa processing.
Provide passport #: _____ (required)
- Provide my e-mail address to exhibitors.
- Emergency contact (required): _____

NAME _____

DAY TELEPHONE _____ EVENING TELEPHONE _____

J. CANCELLATION POLICY

Cancellations must be made in writing by **May 22, 2009**. See registration instruction pages for the complete cancellation policy.

K. METHOD OF PAYMENT

Full payment must accompany your registration form. Enclose your check (payable to *The Endocrine Society in U.S. funds only*), or complete the credit card information below. American Express and purchase orders are not accepted as payment for registration fees.

- Check Money Order VISA MasterCard

CARD NUMBER _____ EXPIRATION DATE _____


NAME OF CARDHOLDER (PLEASE PRINT) _____

BILLING ADDRESS _____

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. THE SIGNER ABOVE HAS READ AND AGREES TO THE CANCELLATION POLICY.

 **OR FAX REGISTRATION FORM** with credit card information no later than **May 22, 2009**, to **301.694.5124**. If faxing, do not mail or you will be double-charged.

 **OR MAIL REGISTRATION FORM** with full payment no later than **May 22, 2009** to: ENDO 2009 Registrar
c/o Experient
P.O. Box 4088
Frederick, MD 21705-4088

 **REGISTER ONLINE** with credit card information at www.endo-society.org/endo09.