

IN-PERSON REGISTRATION FORM (PAGE 1 OF 2)

PROMO CODE: \_\_\_\_\_ SOCIETY ID#: \_\_\_\_\_

ATTENDEE INFORMATION (PLEASE PRINT ALL INFORMATION.)

Dr  Mr  Ms  Mx  Prof  Recently Applied for Membership, Renewed 2022 Membership

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ACADEMIC CREDENTIALS  DO  MD  MD, PhD  NP  PA  PhD  RD  RN  RPH/PharmD  Other \_\_\_\_\_

PRONOUNS  She/Her/Hers  He/Him/His  They/Them/Theirs  Ze/Hir/Hirs  No pronouns (only refer to me by name)  Prefer Not to Say  Other \_\_\_\_\_

PROFESSIONAL TITLE \_\_\_\_\_

COMPANY/INSTITUTION \_\_\_\_\_  Home  Business

DEPARTMENT/DIVISION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

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 attendees and participants are required to provide a working phone number to the Society at the time of registration in case the Society is notified by any government or local health department that contact tracing is required.

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

REGISTRATION CATEGORIES (MEMBERSHIP RATES VALID WITH PAID 2022 MEMBERSHIP DUES)

PREMIUM REGISTRATION PACKAGE: Includes MTP eBook and access to ENDO 2022 sessions through the end of 2022.

REG CODE	CATEGORY	EARLY: BY MARCH 4	REGULAR: MARCH 5–MAY 18	LATE/ONSITE: MAY 19 OR LATER
P_MEM	Member	<input type="checkbox"/> \$774	<input type="checkbox"/> \$874	<input type="checkbox"/> \$974
P_NON	Nonmember	<input type="checkbox"/> \$1,524	<input type="checkbox"/> \$1,624	<input type="checkbox"/> \$1,724
P_ITM	In-Training Member	<input type="checkbox"/> \$414	<input type="checkbox"/> \$504	<input type="checkbox"/> \$554
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"/> \$564	<input type="checkbox"/> \$614	<input type="checkbox"/> \$664
P_NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$474	<input type="checkbox"/> \$524	<input type="checkbox"/> \$574
P_RM	Retired Member	<input type="checkbox"/> \$424	<input type="checkbox"/> \$474	<input type="checkbox"/> \$524
P_EMEM	Emeritus/Emeritus Legacy Member	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125

STANDARD REGISTRATION PACKAGE: Includes ENDO registration and access to ENDO session recordings through June 19, 2022 for nonmembers and June 30 for members.

REG CODE	CATEGORY	EARLY: BY MARCH 4	REGULAR: MARCH 5–MAY 18	LATE/ONSITE: MAY 19 OR LATER
MEM	Member	<input type="checkbox"/> \$649	<input type="checkbox"/> \$749	<input type="checkbox"/> \$849
NON	Nonmember	<input type="checkbox"/> \$1,349	<input type="checkbox"/> \$1,449	<input type="checkbox"/> \$1,549
ITM	In-Training Member	<input type="checkbox"/> \$289	<input type="checkbox"/> \$379	<input type="checkbox"/> \$429
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"/> \$439	<input type="checkbox"/> \$489	<input type="checkbox"/> \$539
NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399	<input type="checkbox"/> \$449
RM	Retired Member	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349	<input type="checkbox"/> \$399
EMEM	Emeritus/Emeritus Legacy Member	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
MEM_ONE	Member One-Day	<input type="checkbox"/> \$359	<input type="checkbox"/> \$409	<input type="checkbox"/> \$459
	Please check which day	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	
NON_ONE	Nonmember One-Day	<input type="checkbox"/> \$579	<input type="checkbox"/> \$629	<input type="checkbox"/> \$679
	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"/> \$149	<input type="checkbox"/> \$179	<input type="checkbox"/> \$209
	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"/> \$199	<input type="checkbox"/> \$229	<input type="checkbox"/> \$259
	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"/> \$189	<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	
RM_ONE	Retired Member One-Day	<input type="checkbox"/> \$249	<input type="checkbox"/> \$279	<input type="checkbox"/> \$299
	Please check which day	<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	

PROFESSIONAL AND OTHER INFORMATION (PLEASE PRINT ALL INFORMATION.)

What is your primary professional role?

- A. Administrator
- B. Advanced Practice Provider (Clinical Practitioner without MD, DO, PhD, or global equivalent)
- C. Basic Researcher
- D. Clinical Researcher
- E. Clinical Practitioner
- F. Educator
- G. Clinical Fellow in Training
- H. Graduate Student/PhD Student
- I. Postdoctoral Research Fellow
- J. Intern
- K. Medical Student
- L. Resident
- M. Undergraduate Student
- N. Retired
- O. Other \_\_\_\_\_

What is your secondary professional role?

- A. Administrator
- B. Advanced Practice Provider (Clinical Practitioner without MD, DO, PhD, or global equivalent)
- C. Basic Researcher
- D. Clinical Researcher
- E. Clinical Practitioner
- F. Educator
- G. Clinical Fellow in Training
- H. Graduate Student/PhD Student
- I. Postdoctoral Research Fellow
- J. Intern
- K. Medical Student
- L. Resident
- M. Undergraduate Student
- N. Retired
- O. Other \_\_\_\_\_

What is your primary professional setting?

- A. Academic Health Center
  - B. Academic Department
  - C. Hospital/Health Center/Clinic
  - D. Industry
  - E. Group Practice
  - F. Solo Practitioner
  - G. Government (Veterans Administration, NIH, National Health Service, etc.)
  - H. Independent Research Institute
- What is your secondary professional setting?
- A. Academic Health Center
  - B. Academic Department
  - C. Hospital/Health Center/Clinic
  - D. Industry
  - E. Group Practice
  - F. Solo Practitioner

- G. Government (Veterans Administration, NIH, National Health Service, etc.)
- H. Independent Research Institute

Do you conduct research?

A Yes  B No

What is your research interest?

- a. Adrenal
- b. Aging
- c. Adipose Tissue, Appetite, and Obesity
- d. Bone and Mineral Metabolism
- e. Cardiovascular Endocrinology
- f. Clinical Laboratory Techniques
- g. Development
- h. Diabetes Mellitus and Glucose Metabolism
- i. Endocrine Cancer and Neoplasia
- l. Endocrine Disruption

LAST NAME FIRST NAME MI

PROFESSIONAL AND OTHER INFORMATION (PLEASE PRINT ALL INFORMATION.) CONTINUED FROM OTHER SIDE

- j. Endocrine Genetics
k. Epidemiology
l. Female Reproduction
m. Growth
n. Health Disparities and Equity
o. Health Services Research
p. Lipids
q. Male Reproduction
r. Neuroendocrinology
s. Nutrition
t. Signaling (Non-steroid hormone signaling)
u. Steroid Hormones and Receptors
v. Thyroid
w. Transgender Research

- Do you treat patients?
What is your primary practice area?
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
i. General Endocrine Practice
j. Growth

- k. Health Disparities and Equity
l. Lipids
m. Male Reproductive Health
n. Neuroendocrinology
o. Nutrition
p. Obesity
q. Pediatric Endocrine Practice
r. Thyroid
s. Transgender Medicine

If "Yes", would you be interested in receiving more information about our exclusive first time attendee events and promotions?
If "No" how many previous ENDOs have you attended?
Endocrine Society provides exhibiting companies and approved third parties with an attendee list to promote their booth.

Is this your first time attending ENDO?

OTHER EVENTS AND SPECIAL ACTIVITIES

- [ECR] Early Career Forum: Friday, June 10
[THYB\_WKP] Introductory Thyroid Hands-On Ultrasound Workshop: Friday, June 10
[THYA\_WKP] Advanced Thyroid Hands-On Ultrasound Workshop: Friday, June 10
[MMP] Mentoring and Poster Reception: Sunday, June 12
[AECD] Association of Endocrine Chiefs and Directors Meeting: Friday, June 10

ANCILLARY MEETINGS

- [AE\_MEM] AE-PCOS Update: Friday, June 10
[AE\_ENDONON] AE-PCOS Member/Endocrine Society Member
[AE\_ENDOITM] Endocrine Society In-Training Member

POLICIES AND INFORMATION

Please click the link below or visit the website to review the ENDO 2022 Annual Meeting COVID-19 Safety Policy and Protocols. All policies must be reviewed and are mandatory to attend ENDO 2022 in person. The Endocrine Society reserves the right to accept, reject, or condition acceptance of any registrant, in the Endocrine Society's sole discretion, at any time.
I confirm that I agree to the COVID-19 Safety Policy and Protocols.
I knowingly, willingly, and voluntarily agree to the Liability Waiver and Safety Agreement, being of legal age and sound mind.
I knowingly, willingly, and voluntarily agree to the Terms and Conditions and Cancellation Policy, being of legal age and sound mind.
I knowingly, willingly, and voluntarily agree to the Code of Conduct, being of legal age and sound mind.
I knowingly, willingly, and voluntarily agree to the Photography and Media Use Policy, being of legal age and sound mind.

PRODUCT SALES

Table with 2 columns: Product Name and Price. Includes items like 2022 Endocrine Case Management: Meet the Professor eBook, ESAP™ 2022, Pediatric ESAP 2021-2022.

To order ESAP or Pediatric ESAP for home delivery, please visit our online store at endocrine.org/store

Donate to Award Programs:
\$1.00 \$5.00 \$10.00 \$20.00 \$30.00 \$40.00 \$50.00
Other Amount:

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.
Check box if you need ADA assistance, please submit your requirements below by June 1, 2022 so we can appropriately plan for reasonable accommodations.
Dietary restrictions: Vegetarian, Gluten Allergy, Shellfish Allergy, Nut Allergy, Kosher, Other

QUESTIONS?

For registration information, please call 774.247.4000, Monday-Friday, 9:00 AM to 5:00 PM EDT. Fax: 508.743.9684; Email: ENDO@xpressreg.net. For complete ENDO 2022 program and meeting information, visit the Endocrine Society's website.

PAYMENT INFORMATION (PLEASE PRINT ALL INFORMATION.)

TOTAL SECTIONS (REGISTRATION CATEGORIES) \$ + (OTHER EVENTS AND SPECIAL ACTIVITIES) \$ + (PRODUCT SALES) \$ = 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.
If you opt to pay by check, your check must be received within two weeks of the day you register in order to complete your registration.