

ONLINE 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 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
VIRTUAL_P_MEM	Member	<input type="checkbox"/> \$614	<input type="checkbox"/> \$664	<input type="checkbox"/> \$714
VIRTUAL_P_NON	Nonmember	<input type="checkbox"/> \$894	<input type="checkbox"/> \$944	<input type="checkbox"/> \$994
VIRTUAL_P_ITM	In-Training Member	<input type="checkbox"/> \$274	<input type="checkbox"/> \$304	<input type="checkbox"/> \$324
VIRTUAL_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"/> \$454	<input type="checkbox"/> \$504	<input type="checkbox"/> \$554
VIRTUAL_P_NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$384	<input type="checkbox"/> \$434	<input type="checkbox"/> \$484
VIRTUAL_P_RM	Retired Members	<input type="checkbox"/> \$374	<input type="checkbox"/> \$404	<input type="checkbox"/> \$424
VIRTUAL_P_DCM	Developing Country Member	<input type="checkbox"/> \$274	<input type="checkbox"/> \$304	<input type="checkbox"/> \$324
VIRTUAL_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
VIRTUAL_MEM	Member	<input type="checkbox"/> \$489	<input type="checkbox"/> \$539	<input type="checkbox"/> \$589
VIRTUAL_NON	Nonmember	<input type="checkbox"/> \$719	<input type="checkbox"/> \$769	<input type="checkbox"/> \$819
VIRTUAL_ITM	In-Training Member	<input type="checkbox"/> \$149	<input type="checkbox"/> \$179	<input type="checkbox"/> \$199
VIRTUAL_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"/> \$329	<input type="checkbox"/> \$379	<input type="checkbox"/> \$429
VIRTUAL_NPR	PA, NP, or RN (including ENS Members)	<input type="checkbox"/> \$259	<input type="checkbox"/> \$309	<input type="checkbox"/> \$359
VIRTUAL_RM	Retired Member	<input type="checkbox"/> \$249	<input type="checkbox"/> \$279	<input type="checkbox"/> \$299
VIRTUAL_DCM	Developing Country Member	<input type="checkbox"/> \$149	<input type="checkbox"/> \$179	<input type="checkbox"/> \$199
VIRTUAL_EMEM	Emeritus/Emeritus Legacy Member	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0

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

Do you treat patients?

A Yes B No

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

Is this your first time attending ENDO?

A Yes B No

If "Yes", would you be interested in receiving more information about our exclusive first time attendee events and promotions?

A Yes B No

If "No" how many previous ENDOs have you attended?

1-5 6-10 11-19 20+

Endocrine Society provides exhibiting companies and approved third parties with an attendee list to promote their booth. Please select "Yes", if you agree to be contacted.

A Yes B No

LAST NAME

FIRST NAME

MI

PRODUCT SALES

2022 Endocrine Case Management: Meet the Professor eBook


- Member (including Retired and Emeritus) \$45.00
- Nonmember \$65.00
- In-Training/Early Career Member/RN/PA/NP \$25.00

To order *ESAP* or *Pediatric ESAP* online, 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.)

-  Check box if you need ADA assistance, please submit your requirements below by June 1, 2022 so we can appropriately plan for reasonable accommodations.

Describe special services: _____

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.

endo2022.endocrine.org/Attendee-Info

- 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.

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) \$ _____ + (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.