



ATTENDEE INFORMATION (please PRINT legibly)

Name: First: _____ MI: _____ Last: _____ Circle One: PhD PharmD RN
 Mailing Address: _____ NP PA RPh CDE
 City/ State/ Zip Code/ Country: _____
 Email (required): _____ Phone: _____ Subscriber #: _____
 Name on Badge (if different): _____ Spouse/Guest Attending: _____
 Emergency Contact: _____ Phone: _____

FULL ANNUAL MEETING REGISTRATION (check appropriate box / Includes all educational sessions Thurs – Sun; excluding the President's Gala) A

AAACE Subscribers are Allied Health Professionals (AHP) who have joined the AHP Subscription Program in order to gain access to a wide range of AAACE educational activities and services that they may find useful in fulfilling their ongoing educational and professional needs.

	Regular 03/31-05/15	On-site 05/16-05/20		Regular 03/31-05/15	On-site 05/16-05/20
<input type="checkbox"/> AAACE Subscriber (SUB)	\$550	\$625	<input type="checkbox"/> AHP employed/affiliated with an AAACE/CAP member and a non-subscriber (EASB)	\$450	\$450
<input type="checkbox"/> Non-subscriber (SB)	\$850	\$1000			

***REQUIRED: Name of AAACE/CAP Member:**

Subtotal A: \$ _____

DAILY MEETING REGISTRATION (check appropriate box / Includes all educational sessions for each specified day only; excluding the President's Gala) B

Please check the day in which you will attend (maximum of two):

Subscriber- Daily Registration (OD)	Regular 03/31-05/15	On-site 05/16-05/20	Nonsubscriber- Daily Registration (NOD)	Regular 03/31-05/15	On-site 05/16-05/20
<input type="checkbox"/> Thursday (THU)	\$350	\$400	<input type="checkbox"/> Thursday (THU)	\$475	\$550
<input type="checkbox"/> Friday (FRI)	\$350	\$400	<input type="checkbox"/> Friday (FRI)	\$475	\$550
<input type="checkbox"/> Saturday/Sunday (WKD)	\$350	\$400	<input type="checkbox"/> Saturday/Sunday (WKD)	\$475	\$550

Subtotal B: \$ _____

WEDNESDAY SPECIAL SESSIONS (check appropriate box) C

Please see Page 2 (back of this form) to view the available Special Sessions.

	Regular 03/31-05/15	On-site 05/16-05/20		Subscriber	Non-Subscriber	Fellow-in- Training
<input type="checkbox"/> Half Day Session	\$80	\$125	<input type="checkbox"/> AAACE Lifelong Learning Board Review Course	\$200	\$300	\$80
<input type="checkbox"/> Full Day Session	\$150	\$200				

Subtotal C: \$ _____

DIETARY/SPECIAL NEEDS REGISTRATION D

In order to assist AAACE in planning and reducing food waste, please indicate the events you will attend. Tickets will be required.

Events	Price	Attendees Only	Attendees + Guests	Kosher	Vegetarian	Dietary/Special Needs <i>Indicate specifics below</i>
Women's Luncheon (Ticketed)	Complimentary	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	_____
President's Gala	Single: \$35 Couple: \$60 Kids (5-16): \$10 Kids (under 5): Free	Include in Adults total to the right	Adults: _____ Kids (5-16): _____ Kids (under 5): _____	N/A	N/A	_____

Subtotal D: \$ _____

PAYMENT INFORMATION (if payment does not accompany this form, registration will not be processed) E

Check enclosed (Payable to AAACE) American Express MasterCard Visa Discover

Name on Card: _____
 Billing Address: _____
 City/Town: _____ State: _____ Zip Code: _____
 Account Number: _____ Expiration Date: _____
 Signature: _____

PAYMENT CALCULATOR	
A or B	\$ _____
+ C	\$ _____
+ D	\$ _____
TOTAL PAYMENT:	\$ _____

To submit your payment please use the options below:
 Mail: American Association of Clinical Endocrinologists, c/o QMS Services, Inc., 6840 Meadowridge Court, Alpharetta, GA 30005
 Phone: (678) 341-3074 Fax: (678) 341-3099