



ATTENDEE INFORMATION (please PRINT legibly)

Primary Specialty: General Endo & Metabolism Diabetes Thyroid Osteo Obesity / Nutrition
 (circle one) Adrenal Lipids Surgical Endo Reproductive Endo Cardiovascular Other: _____

Name: First: _____ MI: _____ Last: _____ **Circle One:** MD DO MBBS

Mailing Address: _____

City/ State/ Zip Code/ Country: _____

Email (required): _____ **Phone:** _____ **AAACE Member #:** _____

Name on Badge (if different): _____ **Spouse/Guest Attending:** _____

Emergency Contact: _____ **Phone:** _____

AAACE *PRE-CONGRESS WEDNESDAY, MAY 16 check appropriate box *Wednesday sessions will include an additional fee which is listed below. **A**

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

	Regular 03/31-05/15	On-site 05/16-05/20		Member	Non-member	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				
<input type="checkbox"/> Medical Student, Residents*	Complimentary					
						Subtotal A: \$ _____

FULL ANNUAL MEETING REGISTRATION Includes all educational sessions Thurs, May 17 – Sun, May 20; excluding the President's Gala check appropriate box **B**

	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"/> Active Member (MBR)	\$675	\$750	<input type="checkbox"/> Nonmember (NMP)	\$1000	\$1150
<input type="checkbox"/> Retired or Emeritus Member (RET)	\$350	\$400	<input type="checkbox"/> Fellow-In-Training Nonmember (NFT) +	\$450	\$500
<input type="checkbox"/> Fellow-In-Training Member (FIT) +	\$350	\$400	<input type="checkbox"/> Medical Students, Residents (MRN) +	Complimentary	
<input type="checkbox"/> Medical Students, Residents (MRM) +	Complimentary				
* In order to receive the AAACE member discount, registrant must be in good standing for 2017					
* Must provide letter of status verification					
Subtotal B: \$ _____					

DAILY MEETING REGISTRATION Includes all educational sessions for each specified day only; excluding the President's Gala check appropriate box **C**

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

	Regular 03/31-05/15	On-site 05/16-05/20		Regular 03/31-05/15	On-site 05/16-05/20
Member- Daily Registration (OD)			Nonmember- Daily Registration (NOD)		
<input type="checkbox"/> Thursday (THU)	\$375	\$425	<input type="checkbox"/> Thursday (THU)	\$500	\$550
<input type="checkbox"/> Friday (FRI)	\$375	\$425	<input type="checkbox"/> Friday (FRI)	\$500	\$550
<input type="checkbox"/> Saturday/Sunday (WKD)	\$375	\$425	<input type="checkbox"/> Saturday/Sunday (WKD)	\$500	\$550
Subtotal C: \$ _____					

MEAL & SPECIAL EVENT 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 Indicate specifics below
Annual Meeting Business Luncheon (Members Only - Ticketed)	Complimentary	<input type="checkbox"/> AAACE Members Only	N/A	<input type="checkbox"/>	<input type="checkbox"/>	_____
FIT Luncheon (Fellows & Residents Only- Ticketed)	Complimentary	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>	_____
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	\$ _____
+ B or 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