

Metabolic and Endocrine Disease Summit (MEDS)

NOTE: Group registrations MUST be submitted together for group prices.

Prices below for reference only, please indicate in payment section when completing registration on next page

. The registration fee covers attendance to the scientific meeting, continental breakfasts, coffee breaks, lunches when provided, and exhibits.

MEDS WEST - July 12 – 15, 2017 at Delano Las Vegas at Mandalay Bay, Las Vegas, NV				
SINGLE REGISTRANT				
	Until April 7	April 8 – June 9	June 10 – Sept 1	After Sept 1
NPs / PAs / Other Clinicians	\$245	\$345	\$395	\$445
PCMG / ASEPA Members	\$195	\$295	\$345	\$395
2 or MORE REGISTRANTS				
SAVE UP TO \$100!	Until April 7	April 8 – June 9	June 10 – Sept 1	After Sept 1
NPs / PAs / Other Clinicians	\$195	\$295	\$325	\$345
OPTIONAL WORKSHOP (NO GROUP DISCOUNT AVAILABLE ON WORKSHOPS)				
	Until April 7	April 8 – June 9	June 10 – Sept 1	After Sept 1
	\$75	\$95	\$105	\$125

MEDS West Cancellation Policy:

A refund less a \$50 administrative fee as follows: You may cancel your registration using our online registration system prior to Friday, June 16, 2017. After June 16, 2017 no refunds will be granted. After the refund date, you have two options: you can transfer your registration to another party using our online registration system, or receive a credit in the amount you paid less a \$50 administrative fee to be applied to your registration for next year's conference. Refunds will not be issued to no-shows.

Global Academy for Medical Education is not responsible for nonrefundable, nontransferable airline tickets or hotel accommodations purchased for attendance at this course. The registration fee covers attendance to the scientific meeting, continental breakfasts, coffee breaks, lunches when provided, and exhibits.

MEDS East – October 11 – 14, 2017 at the Caribe Royale, Orlando, FL				
SINGLE REGISTRANT				
	Until May 5	May 6 – June 9	June 10 – Sept 1	After Sept 1
NPs / PAs / Other Clinicians	\$245	\$345	\$395	\$445
PCMG / ASEPA Members	\$195	\$295	\$345	\$395
2 or MORE REGISTRANTS				
SAVE UP TO \$100!	Until May 5	May 6 – June 9	June 10 – Sept 1	After Sept 1
NPs / PAs / Other Clinicians	\$195	\$295	\$325	\$345
OPTIONAL WORKSHOP (NO GROUP DISCOUNT AVAILABLE ON WORKSHOPS)				
	Until May 5	May 6 – June 9	June 10 – Sept 1	After Sept 1
	\$75	\$95	\$105	\$125

MEDS East Cancellation Policy:

A refund less a \$50 administrative fee as follows: You may cancel your registration using our online registration system prior to Friday, September 8, 2017. After September 8, 2017 no refunds will be granted. After the refund date, you have two options: you can transfer your registration to another party using our online registration system, or receive a credit in the amount you paid less a \$50 administrative fee to be applied to your registration for next year's conference. Refunds will not be issued to no-shows.

Global Academy for Medical Education is not responsible for nonrefundable, nontransferable airline tickets or hotel accommodations purchased for attendance at this course. The registration fee covers attendance to the scientific meeting, continental breakfasts, coffee breaks, lunches when provided, and exhibits.

RETURN THIS FORM TO:
 MEDS c/o Global Academy for Medical Education
 7 Century Drive, Suite 301, Parsippany, NJ 07054
 fax: 201-822-6114 email: MEDS@globalacademycme.com

Metabolic and Endocrine Disease Summit (MEDS)

Print additional pages as needed

DATE / VENUE (Please check date / venue that applies)

- July 12-15, 2017 at Delano at Mandalay Bay Las Vegas, Las Vegas, NV (MEDS West)
 October 11-14, 2017 at Caribe Royale, Orlando, FL (MEDS East)

REGISTRATION INFORMATION

First Name: _____ Last Name: _____
NPI / ME or License Number: _____
Degree: NP PA RN CNS CDE MD DO Other Clinician _____
Are you: PCMG Member ASEPA Member
Practice Name/Affiliation: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email Address (for confirmation): _____
Specialty: _____
Years in Practice: 1-5 6-10 11-15 16-20 20+
Type of Practice: Office Hospital Clinic Other _____
How did you learn about MEDS: Brochure by mail Email invitation Ad in journal Online banner ad
 Colleague Social Media Other _____
Attendance: First year Previous attendee

REGISTRATION OPTION (Please check option below & note price from attached page)

- NPs / PAs / Other Clinicians
 PCMG / ASEPA Members
 Insulin Workshop (optional)

TOTAL REGISTRANTS _____ YOUR PRICE \$ _____

PAYMENT INFORMATION

All fees must be paid in advance and accompany this registration form. Forms received without payment will not be processed. Sorry we cannot bill. (Federal Tax ID #27-0893910). NOTE: Group registrations MUST be submitted together for group prices.

- Individual registration, please charge card below
 Part of group, please charge card below Part of group, please charge entire group to same card

Additional Info / Instructions: _____

- AMEX MasterCard Visa Check enclosed. Payable to:
Global Academy for Medical Education (GAME) / MEDS

Credit card number _____ Exp. Date _____

Name on card _____ Signature _____

RETURN THIS FORM TO:
MEDS c/o Global Academy for Medical Education
7 Century Drive, Suite 301, Parsippany, NJ 07054
fax: 201-822-6114 email: MEDS@globalacademycme.com