

## 2019 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*

<b>MEDS EAST October 2-5, 2019 Caribe Royale, Orlando, FL</b>			
<b>SINGLE REGISTRANT (prices and price schedule subject to change)</b>			
	<b>Until May 6</b>	<b>May 7-Sept 9</b>	<b>After September 9</b>
NPs / PAs / Other Clinicians	\$345	\$395	\$495
PCMG / ASEPA Members	\$295	\$345	\$395
Physicians	\$395	\$445	\$545
<b>2 or MORE REGISTRANTS</b>			
	<b>Until May 6</b>	<b>May 7-Sept 9</b>	<b>After September 9</b>
NPs / PAs / Other Clinicians	\$305	\$325	\$395
Physicians	\$345	\$395	\$445
<b>OPTIONAL WORKSHOP</b>			
	<b>Until May 6</b>	<b>May 7-Sept 9</b>	<b>After September 9</b>
Clinicians	\$85	\$95	\$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 1, 2019. After September 1, 2019 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.

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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

# 2019 Metabolic and Endocrine Disease Summit (MEDS)

Print additional pages as needed

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

October 2-5, 2019 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 \_\_\_\_\_

Have you attended MEDS before?  No  Yes Number of previous MEDS attended: \_\_\_\_\_

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

NPs / PAs / Other Clinicians

PCMG / ASEPA Members

Physicians

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 \_\_\_\_\_

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