

7th Annual Digestive Diseases: New Advances

July 17-18, 2020

Renaissance Arlington Capital View Hotel, Washington, DC

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

SINGLE REGISTRANTS		
	UNTIL 6/15/20	AFTER 6/15/20
Physicians	\$595	\$695
PAs/ NPs / RNs / Pharmacists	\$495	\$595
Residents	\$295	\$395
2 OR MORE REGISTRANTS		
	UNTIL 6/15/20	AFTER 6/15/20
Physicians	\$525	\$595
PAs/ NPs / RNs / Pharmacists	\$425	\$495
Residents	\$225	\$245

Cancellation policy: Full refund less a \$50 administrative fee as follows: Cancellations can be made using our online registration system until June 1, 2020. After June 1, 2020, no refunds will be granted. After the refund date, you have two options: you can send someone in your place, or we can mark a credit in the amount you paid minus \$50 administration fee (plus additional \$50 administration fee per workshop) to be applied to your registration for next year's conference. Refunds will not be issued to no-show.

RETURN THIS FORM TO:
Global Academy for Medical Education
7 Century Drive, Suite 301, Parsippany, NJ 07054
(F) 201-822-6114; (E) events@medscapelive.com

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"Print additional pages as needed"

REGISTRANT INFORMATION

First Name: _____

Last Name: _____

NPI / ME or License Number: _____

Degree: MD DO PA NP RN Pharmacist Resident

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 _____

Let us know how you learned about this conference: Brochure by mail Email invitation Ad in journal Online banner ad
 Colleague Social Media Other _____

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

Physicians

PAs/ NPs / RNs / Pharmacists

Residents

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/DDNA

Credit card number _____

Exp. Date _____

Name on card _____

Signature _____

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