## Metabolic and Endocrine Disease Summit (MEDS)

### MEDS West
August 1-4, 2018  Wyndham San Diego Bayside, San Diego, CA

**SINGLE REGISTRANT (prices and price schedule subject to change)**

<table>
<thead>
<tr>
<th></th>
<th>Until May 11, 2018</th>
<th>May 12- June 11</th>
<th>June 12- Jul 16</th>
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</tr>
</thead>
<tbody>
<tr>
<td>NPs/ PAs /Other Clinicians</td>
<td>$320</td>
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<td>PCMG / ASEPA Members</td>
<td>$245</td>
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**2 or MORE REGISTRANTS**

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**OPTIONAL WORKSHOP**

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**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 July 2, 2018. After July 2, 2018 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 10-13, 2018  Caribe Royale, Orlando, FL

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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
Metabolic and Endocrine Disease Summit (MEDS)

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

☐ August 1-4, 2018 at Wyndham San Diego Bayside (MEDS WEST)
☐ October 10-13, 2018 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 __________________________

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 __________

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