AACE 27th ANNUAL SCIENTIFIC & CLINICAL CONGRESS

May 16-20, 2018 • BOSTON, MASSACHUSETTS

REGISTRATION FORM
Physicians Only

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: AACE Member #:

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

Emergency Contact: Phone:

AACE *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.

	Early Ends 03/30	Regular 03/31-05/15	On-site 05/16-05/20
☐ Half Day Session	$80	$80	$125
☐ Full Day Session	$150	$150	$200
☐ Medical Student, Residents+	*Complimentary*		

+Must provide letter of status verification

	Member	Non-member	Fellow- in-Training
☐ AACE Lifelong Learning Board Review Course	$200	$300	$80

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

AACE Member Attendee*	Early Ends 03/30	Regular 03/31-05/15	On-site 05/16-05/20
☐ Active Member (MBR)	$575	$675	$750
☐ Retired or Emeritus Member (RET)	$250	$350	$400
☐ Fellow-In-Training Member (FIT) +	$250	$350	$400
☐ Medical Students, Residents (MRM) +		*Complimentary*	

Nonmember Attendee	Early Ends 03/30	Regular 03/31-05/15	On-site 05/16-05/20
☐ Nonmember (NMP)	$900	$1000	$1150
☐ Fellow-In-Training Nonmember (NFT) +	$400	$450	$500
☐ Medical Students, Residents (MRN) +		*Complimentary*	

* In order to receive the AACE 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):

Member- Daily Registration (OD)	Early Ends 03/30	Regular 03/31-05/15	On-site 05/16-05/20
☐ Thursday (THU)	$325	$375	$425
☐ Friday (FRI)	$325	$375	$425
☐ Saturday/Sunday (WKD)	$325	$375	$425

Nonmember- Daily Registration (NOD)	Early Ends 03/30	Regular 03/31-05/15	On-site 05/16-05/20
☐ Thursday (THU)	$450	$500	$550
☐ Friday (FRI)	$450	$500	$550
☐ Saturday/Sunday (WKD)	$450	$500	$550

Subtotal C:$_____

MEAL & SPECIAL EVENT REGISTRATION D

In order to assist AACE 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*	☐ AACE Members Only	N/A	☐	☐	_____
FIT Luncheon *(Fellows & Residents Only- Ticketed)*	*Complimentary*	☐	N/A	☐	☐	_____
Women's Luncheon *(Ticketed)*	*Complimentary*	☐	N/A	☐	☐	_____
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 AACE) ☐ 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