REGISTRATION FORM

2020 CLINICAL VACCINOLOGY COURSE (VIRTUAL)

NOVEMBER 15-17, 2020

Please complete and return this form by email to idcourse@nfid.org

ATTENDEE INFORMATION (please print clearly or type)

First name | Middle initial | Last name

Professional title | Employer

Degree/Credentials (circle all that apply)

BA BS MA MD MPH MS NP PharmD PhD RN Other (please specify): _____

Mailing address

City | State | Postal code | Country

Email address | Work phone

❑ Yes, I would like to receive email communications from NFID.

Profession (circle one)

Consumer
Nurse
Nurse Practitioner
Pharmacist
Physician
Physician Assistant
Public Health Professional
Other: _____

Primary Employment/Practice Setting (circle one)

Academia
Government (Federal/State/Local)
Hospital/Health System
Industry
Non-Profit/NGO
Pharmacy
Private Practice
Public Health
Other: _____

Primary Specialty (circle one)

Administration/Management
Adolescent Medicine
Antibiotic Resistance/ Stewardship
College Health
Epidemiology
Family Medicine
Geriatrics
Immunology
Infectious
Internal Medicine
Obstetrics/Gynecology
Pediatrics
Pediatric Infectious Disease
Pharmacy
Policy
Public Health
Research (Clinical)
Research (Non-Clinical)
Travel Medicine
Vaccinology
Veterinary

Continuing Education (CE) credit requested (circle one) CME CNE Certificate of Attendance

What percentage of the work day are you involved in direct patient care? (circle one) 0% 1-25% 26-50% 51-75% 76-100%

How did you hear about this course? (circle all that apply)

CDC Colleague Facebook/LinkedIn NFID Email NFID Postcard NFID Website Previously Attended Professional Society (please specify): _____ Other (please specify): _____

What was the major determining factor in registering for this course? (circle all that apply)

Content/Topics Continuing Education Credits Cost Location Networking Speakers Other (please specify): _____

CODE OF CONDUCT

In registering for and/or participating in NFID programs, you agree to comply with the NFID Code of Conduct: www.nfid.org/code-of-conduct

SPECIAL NEEDS

Please email any special meeting needs, requirements, or other needs to: **idcourse@nfid.org**

REGISTRATION FEE

❑ $750 Individual Registration

For group registrations (3 or more), contact NFID at idcourse@nfid.org

CANCELLATION POLICY

Registration fee refunds, less a $75 administrative fee, will be granted only if written notification is received by NFID via email to idcourse@nfid.org prior to 5:00 PM ET on **November 13, 2020**. There will be no refunds for cancellations made after this date. Substitutions may be allowed; however, you must notify NFID via email to idcourse@nfid.org prior to 5:00 PM ET on **November 13, 2020**. In the event that NFID cancels the course, the total registration fee paid will be refunded.

PAYMENT DETAILS

❑ Check or money order drawn on US funds **(made payable to NFID)** enclosed in the amount of $ _____ *Mail checks to: NFID, 7201 Wisconsin Avenue, Suite 750, Bethesda, MD 20814*

❑ Please charge my credit card in the amount of $_____

Select type of card ❑ Visa ❑ MasterCard

Name as printed on card

Card number

Security code | Expiration date

Signature

National Foundation for Infectious Diseases®
www.nfid.org/cvc