

REGISTRATION FORM

Gastrointestinal Endoscopy and Artificial Intelligence: Global Summit

September 25, 2021

American Society for
Gastrointestinal Endoscopy

NAME

TITLE

DATE

DESIGNATIONS NPI#

ADDRESS

CITY STATE ZIP

COUNTRY SPECIALTY

PHONE FAX

E-MAILTHIS INFORMATION IS MY: ☐ HOME ☐ WORKASGE MEMBER? ☐ YES ☐ NO

ASGE ID # _____

REGISTRATION FEES

	In-person	Virtual
Member	\$150	\$99
Non-Member	\$250	\$199
Industry	\$350	\$299

THREE EASY WAYS TO REGISTER

1. Online at ASGE.org
2. Phone: 630.573.0600
3. Fax: 630.963.8332

Credit Card: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover I approve my card to be charged: \$ _____

CARDHOLDER NAME

CARD NUMBER EXPIRATION DATE

SIGNATURE**4. I want to pay by check**

I've enclosed a check for \$ _____

made payable to:

AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY
PO BOX 809055
CHICAGO, IL 60680-9055