

REGISTRATION FORM

Improving Quality and Safety in Your Endoscopy Unit

October 2, 2021



American Society for
Gastrointestinal Endoscopy

NAME _____

TITLE _____

DATE _____

ACADEMIC DEGREE(S) _____ INSTITUTION NPI# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTRY _____ SPECIALTY _____

PHONE _____ FAX _____

E-MAIL _____

THIS INFORMATION IS MY: HOME WORK

ASGE MEMBER? YES NO

ASGE ID # _____

I WILL ATTEND:

IN PERSON

VIRTUALLY

REGISTRATION FEES

ASGE Physician Member	\$450
Nonmember Physician	\$550
Nonmember Trainee/ Nurse	\$450
ASGE Trainee/ Nurse Member	\$550
Active EURP Unit*	\$375

*ASGE will verify the EURP status of the attendee's unit. If the unit is not currently recognized, ASGE staff will call to confirm appropriate rate.

FOUR EASY WAYS TO REGISTER

1. Online at www.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