

**REGISTRATION FORM**

# ASGE Masterclass: From the Basics To Beyond With EUS - A Livestream Event

**March 21, 2020**



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 # \_\_\_\_\_

### REGISTRATION FEES

ASGE Physician Member	\$350
Physician Nonmember	\$525
ASGE Trainee/Nurse Member	\$175
Nonmember Trainee/Nurse	\$275

#### FOUR EASY WAYS TO REGISTER

1. Online at [www.asge.org](http://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