



REGISTRATION FORM

Improving Quality and Safety in
Your Endoscopy Unit

November 1, 2025 | Virtual Course

Date: _____

Name of Registrant with Credentials: _____

For group registrations, please put the name of the primary registrant. ASGE staff will contact them for the names and email addresses of the other registrants in the group (up to 9 additional team members).

Email Address: _____

Institution: _____

Address/City/State/Zip: _____

Phone: _____ Fax: _____

ASGE Member (Yes/No): _____ ASGE Member ID: _____

REGISTRATION RATES	Member	Non-Member	EURP*
Individual	\$250	\$350	\$375
Group*	\$450	\$550	\$575

*ASGE will verify EURP honoree status of registrant's unit

Registration Rate Selected: _____

Method of Payment (credit card or check payable to ASGE): _____

Credit Card Type (MasterCard/Visa/AMEX/Discover): _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

CVV: _____

Cardholder's Signature: _____

Mail, email, or fax completed registration form with payment to:

American Society for Gastrointestinal Endoscopy
ATTN: Endoscopy Unit Recognition Program
3300 Woodcreek Drive, Downers Grove, IL 60515
Email: membership@asge.org Fax: 630.963.8332