

GI Unit Leadership Course



American Society for
Gastrointestinal Endoscopy

Event Date **February 22, 2025**

What type of attendance: Virtual

NAME*

TITLE

ACADEMIC DEGREE(S)*

INSTITUTION NAME*

ADDRESS*

CITY STATE* ZIP*

COUNTRY

PHONE* FAX

E-MAIL*

THIS INFORMATION IS MY: Work Home

ASGE MEMBER?: Yes No

ASGE ID #(if known):

	ASGE Member	EURP Member	Non-Member
Individual	\$250	\$200	\$350
Group	\$450	\$400	\$650

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

Four different ways to submit

- Fax: 630.963.8332**
- Phone: 630.573.0600**
- Email: membership@asge.org**

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