REGISTRATION FORM

GI Unit Leadership Course

Shaping a High-Performing Endoscopy Unit

Event Date: February 21, 2026

American Society for Gastrointestinal Endoscopy

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
Team	$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

1. **Fax: 630.963.8332**
2. **Phone: 630.573.0600**
3. **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