

# EndoFest 2010 Registration Form

## STEP 1: Select a Pre-Conference Course (if applicable)—Friday, October 1

<b>Friday Pre-Conference Sessions: 1:30–6:00 p.m.</b>	<b>Member</b>	<b>Non-member</b>
Advanced Capsule Endoscopy	<input type="checkbox"/> \$350	<input type="checkbox"/> \$425
Nursing	<input type="checkbox"/> \$200	<input type="checkbox"/> \$300

## STEP 2: Select EndoFest Sessions—Saturday, October 2 to Sunday, October 3

Each Session offers four simultaneous workshops. Please select only one (out of four) from each time period.

	Scientific Sessions	Hands-On Sessions
<b>Saturday: Session 1</b> 7:30–9:30 a.m. (choose one)	<input type="checkbox"/> Preparation for Endoscopy <input type="checkbox"/> Fistulas and Collections	<input type="checkbox"/> Ablation <input type="checkbox"/> Enteroscopy
<b>Saturday: Session 2</b> 10:00 a.m.– Noon (choose one)	<input type="checkbox"/> Managing Change in Your Unit <input type="checkbox"/> Sedation & Monitoring	<input type="checkbox"/> Clipping & Suturing <input type="checkbox"/> EMR/ESD
<b>Saturday: Lunch Session</b> 12:30–1:15 p.m.	<input type="checkbox"/> EUS Lunch at the Movies	
<b>Saturday: Session 3</b> 1:30–3:30 p.m. (choose one)	<input type="checkbox"/> Endoscopic Approach to IBD <input type="checkbox"/> GI Bleeding Emergencies	<input type="checkbox"/> APC/Bipolar <input type="checkbox"/> Stents
<b>Saturday: Session 4</b> 4:00–6:00 p.m. (choose one)	<input type="checkbox"/> Managing Complications <input type="checkbox"/> Obscure GI Bleeding	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> Bariatrics
<b>Sunday: Session 5</b> 7:30–9:30 a.m. (choose one)	<input type="checkbox"/> ERCP Basics I <input type="checkbox"/> Tube Insertion and Management	<input type="checkbox"/> Clipping & Suturing <input type="checkbox"/> EMR/ESD
<b>Sunday: Session 6</b> 10:00 a.m.–Noon (choose one)	<input type="checkbox"/> Managing Complications <input type="checkbox"/> Complex Strictures	<input type="checkbox"/> ERCP Basics II <input type="checkbox"/> Stents
<b>Total Number of Sessions Selected</b> (Max. 7)	_____ # Scientific Sessions	_____ # Hands-on Sessions

## STEP 3: Calculate the Total Registration Fee for EndoFest Sessions and/or Select Full Conference Fee

	Member	Non-member
Total of Individual Sessions	_____ Scientific Sessions x \$125 = \$ _____ _____ Hands-on Sessions x \$250 = \$ _____ Total \$ _____	_____ Scientific Sessions x \$175 = \$ _____ _____ Hands-on Sessions x \$300 = \$ _____ Total \$ _____
Full Conference Fee (Before July 1) Full Conference Fee (After July 1)	OR <input type="checkbox"/> \$1,100 <input type="checkbox"/> \$1,200	OR <input type="checkbox"/> \$1,300 <input type="checkbox"/> \$1,400

## STEP 4: Calculate the Total Registration Fee

Pre-Conferences Total ..... \$ \_\_\_\_\_  
EndoFest Total ..... \$ \_\_\_\_\_  
**Total Amount Due** ..... \$ \_\_\_\_\_

## STEP 5: Registrant Information

The information provided below is my:  Work  Home

Last Name	First Name	Degree/Credentials
Institution/Affiliation		
Street Address		
City	State	Postal Code
Country		
Phone	Fax	E-mail

### Credit Card Information

(mail or fax only: 773-622-1071)

VISA  MasterCard  American Express

Mail: MEETING/AIDE, Inc. (EndoFest 2010)  
7030 W. North Avenue, Suite 100, Chicago, IL 60707

Credit Card Number	Expiration Date (MM/YY)
Cardholder Name	Signature