



American Society for
Gastrointestinal Endoscopy

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 | Nonmember | EURP* |
|--------------------|--------|-----------|-------|
| Individual | \$450 | \$550 | \$375 |
| Group | \$650 | \$850 | \$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) _____

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

Cardholder's Signature _____

Phone _____

Email _____

Mail, email, or fax completed application with payment to:

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