

REGISTRATION FORM

# Improving Quality and Safety in Your Endoscopy Unit

October 26, 2024



American Society for  
Gastrointestinal Endoscopy

NAME

TITLE

DATE

ACADEMIC DEGREE(S) INSTITUTION NPI#

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL

THIS INFORMATION IS MY:	<input type="checkbox"/> HOME	<input type="checkbox"/> WORK	<b>Registration Fees</b>	<b>Member</b>	<b>Nonmember</b>	<b>EURP*</b>
ASGE MEMBER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Individual	\$450	\$550	\$375
ASGE ID # _____			Group	\$650	\$850	\$575

\*ASGE will verify the EURP status of the attendee's unit.

#### FOUR EASY WAYS TO REGISTER

1. Online at [www.asge.org](http://www.asge.org)
2. Phone: 630.573.0600
3. Fax: 630.963.8332

Credit Card:  Visa  MasterCard  AmEx  Discover I approve my card to be charged: \$ \_\_\_\_\_

CARDHOLDER NAME

CARD NUMBER EXPIRATION DATE

SIGNATURE

#### 4. Pay by check

I've enclosed a check for \$ \_\_\_\_\_

made payable to:

AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY PO BOX  
809055  
CHICAGO, IL 60680-9055