

GEST 2020 - REGISTRATION

First Name:

Last Name:

DO MD PhD NP RN RT None Other: _____

Preferred Address:

City: _____ State: _____ Postal Code: _____ Country: _____

Medical Center/Hospital/Institution: _____

Daytime Phone: _____ Mobile Phone: _____

E-mail (required for confirmation and certificate information): _____

Pursuant to the Americans with Disabilities Act, please specify any special services you require: _____

State(s) of Professional Licensure: _____

License Number: _____ (As continuing education providers, it is important to our recordkeeping process to maintain information relating to our learners' licensure. To that end, providing your professional license number is optional, but of importance to continuing education efforts.)

REGISTRATION FEES	Early Bird until February 14, 2020	Regular Registration as of February 15, 2020	*Fellows/Residents/Students may apply for the Fellows/Residents/Students Scholarship by submitting a letter from their director, on institutional letterhead, confirming the fellowship, residential or medical student status, along with the application found online at www.embolization.com . Both letter and application must be submitted together to mlescanofeher@ccmcme.com .
Physicians	<input type="checkbox"/> \$950	<input type="checkbox"/> \$1,195	
Fellows/Residents/Students*	<input type="checkbox"/> \$499	<input type="checkbox"/> \$599	
Nurses/Allied Health Professionals	<input type="checkbox"/> \$499	<input type="checkbox"/> \$599	
Industry/Non-clinical	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,295	
PAE Symposium Only	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	
PI Symposium Only	<input type="checkbox"/> \$350	<input type="checkbox"/> \$350	

SPECIALTY/REGISTRATION TYPE (Please select only one)

PHYSICIANS	FELLOWS/RESIDENTS/STUDENTS	NURSES/ALLIED HEALTH	INDUSTRY/NON-CLINICAL
<input type="checkbox"/> Cardiology <input type="checkbox"/> Oncology <input type="checkbox"/> Radiology <input type="checkbox"/> Surgery <input type="checkbox"/> Urology <input type="checkbox"/> Other: _____	<input type="checkbox"/> Cardiology <input type="checkbox"/> Oncology <input type="checkbox"/> Radiology <input type="checkbox"/> Surgery <input type="checkbox"/> Urology <input type="checkbox"/> Other: _____	<input type="checkbox"/> Administration <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Radiologic Technologist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Other: _____	<input type="checkbox"/> Administration <input type="checkbox"/> Engineer <input type="checkbox"/> Sales <input type="checkbox"/> Scientist <input type="checkbox"/> Other: _____

DEMOGRAPHIC INFORMATION

What contributed most to your decision to register?	Age Group (Optional)
<input type="checkbox"/> Online Search/Conference Website <input type="checkbox"/> Personal Recommendation/Invitation <input type="checkbox"/> Email Advertisement	<input type="checkbox"/> Under 30 <input type="checkbox"/> 30-40 <input type="checkbox"/> 41-50
<input type="checkbox"/> Mailed Postcard/Brochure <input type="checkbox"/> Online Advertisement <input type="checkbox"/> Other: _____	<input type="checkbox"/> 51-60 <input type="checkbox"/> 61 and over

Have you attended GEST in the past? Yes No

May we use your email address for symposia-related communications and communications from symposia affiliates?

Yes No

For more information about how Complete Conference Management uses your email and other personal data, please review the Complete Conference Management [Privacy Policy](#).

I acknowledge that I have reviewed the [Privacy Policy](#).

Cancellation requests received in writing by Friday, April 10, 2020 will be refunded, less a \$75 administrative fee. Requests received after Friday, April 10, 2020, will not be refunded.

PAYMENT INFORMATION

Mail completed registration form and check payable to: Complete Conference Management, 8333 NW 53rd Street, Suite 450, Doral, FL 33166
 Checks must be received by Friday, April 17, 2020. Alternatively, register online at www.embolization.com.



This educational activity provides training necessary for licensed attendees to maintain state licensing requirements. The tuition for this educational activity is subsidized in part by unrestricted educational grants, including for those attendees who have successfully completed the state licensing requirements for their respective fields. This subsidy is reflected in the registration fees for this activity.