



REGISTRATION FORM

2018 ANNUAL CONFERENCE ON VACCINOLOGY RESEARCH

APRIL 23-25, 2018

HYATT REGENCY BETHESDA

ONE BETHESDA METRO CENTER, BETHESDA, MD 20814

Please complete and return this form by email to idcourse@nfid.org

Please print clearly or type:

Last name First name Middle initial Nickname (for badge)

Professional title Employer

Degree(s) (circle all that apply)

BA BS DO DVM MA MD MPH MS PharmD PhD RN Other (please specify): _____

Mailing Address

City State Postal code Country

Telephone E-mail address

Profession (circle one)

Nurse Physician Assistant
Nurse Practitioner Other (please specify): _____
Pharmacist
Physician

Practice setting (circle one)

Academia Pharmacy
Government Private Practice
Hospital/Health System Public Health
Industry Other (please specify): _____

Specialty (circle one)

Biology Public Health
Chemistry Research (non-clinical)
Clinical Research Vaccinology/Virology
Epidemiology Veterinary
Immunology Other (please specify): _____
Infectious Diseases
Management

Continuing Education (CE) credit requested: (circle one)

CME Certificate of Attendance n/a

What percentage of the work day are you involved in direct patient care? (circle one)

0% 1-25% 26-50% 51-75% 76-100%

How did you hear about this conference? (circle all that apply)

CDC Colleague E-mail Linked In Mailing NFID Website Previously Attended
Professional Society (please specify): _____
Other (please specify): _____

What was the major determining factor in registering for this conference? (circle one)

Content/Topics Continuing Education Cost Speakers Location Networking
Other (please specify): _____

Do not include my contact information on the Attendee Roster.

SPECIAL NEEDS

Please email any special meeting needs, requirement, or dietary restrictions to: idcourse@nfid.org _____

PAYMENT (circle the amount enclosed)

REGISTRATION TYPE	Early (by 3/12/18)	Regular (after 3/12/18)
General	\$725	\$825
Trainee* †	\$475	\$575
Daily (select one)	\$400	\$500
	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY	

Check or money order drawn on US funds (**made payable to NFID**) enclosed in the amount of \$ _____
Mail checks to: NFID, 7201 Wisconsin Avenue, Suite 750, Bethesda, MD 20814

Please bill my credit card in the amount of \$ _____
Select type of card Visa MasterCard

Name as printed on card

Card number Security Code Expiration date

Signature

Billing address (if different from mailing address)

CANCELLATION POLICY

Refunds, less a \$75 administrative fee, will be granted only if written notification is received at NFID prior to 5:00 pm ET on **March 12, 2018**. There will be no refunds for cancellations made after this date. Substitutions will be allowed; however, you must notify NFID in writing prior to **April 23, 2018**. The program organizers reserve the right to cancel this conference at any time. In the event of a cancellation of the conference, the total registration fee paid will be refunded.

Early registration, including payment, must be post-marked by March 12, 2018.

For group registrations, please contact NFID at idcourse@nfid.org.

* Includes students, residents, fellows, and nurses.

† Proof of status must be provided via a letter from your program director or advisor.