



REGISTRATION FORM

2019 ANNUAL CONFERENCE ON VACCINOLOGY RESEARCH

APRIL 3-5, 2019

HYATT REGENCY BALTIMORE INNER HARBOR
300 LIGHT STREET, BALTIMORE, MD 21202

Please print clearly or type:

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

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 NP PharmD PhD RN Other (please specify): _____

Mailing Address

City State Postal code Country

Telephone E-mail address

Profession (circle one)

- Nurse
- Nurse Practitioner
- Pharmacist
- Physician
- Physician Assistant
- Public Health Professional
- Other

Primary Employment/Practice Setting (circle one)

- Academia
- Government
- Hospital/Health System
- Industry
- Pharmacy
- Private Practice
- Public Health
- Other

Primary Specialty (select all that apply)

- Administration/Management
- Adolescent Medicine
- Biology
- Chemistry
- College Health
- Epidemiology
- Family Medicine
- Geriatrics
- Immunology
- Infectious Diseases
- Internal Medicine
- Obstetrics/Gynecology
- Pediatrics
- Pediatric Infectious Diseases
- Pharmacy
- Public Health
- Research (Clinical)
- Research (Non-Clinical)
- Travel Medicine
- Vaccinology
- Veterinary
- Virology
- Other

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

- CME
- Certificate of Participation
- None

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)

- NFID website
- Online advertisement
- Previously attended
- Professional society
- Other
- CDC
- Colleague
- Email
- LinkedIn
- NFID Mailing

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

- Content/Topics
- Continuing Education
- Cost
- Speakers
- Location
- Networking
- Recognizing Women in Vaccinology Sessions
- Submitted abstract accepted
- Other

SPECIAL NEEDS

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

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 **February 18, 2019**. 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 1, 2019**. 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.

PAYMENT (circle the amount enclosed)

Early registration, including payment, must be post-marked by February 18, 2019.

REGISTRATION TYPE	Early (by 2/18/19)	Regular (after 2/18/19)
General	\$750	\$850
Trainee* †	\$500	\$600
Recognizing Women in Vaccinology: 1-Day Registration	\$400	\$500
	<input type="checkbox"/> THURSDAY	

- 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)

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

* Includes students, residents, fellows, and nurses.

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