



www.nfid.org/cvc

REGISTRATION FORM 2018 CLINICAL VACCINOLOGY COURSE

NOVEMBER 9-10, 2018

HYATT REGENCY BETHESDA, 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 MA MD MPH MS NP PharmD PhD RN Other (please specify): _____

Mailing Address

City State Postal code Country

Telephone E-mail address

Do not include my contact information on the Attendee Roster.

Profession (circle one)

Nurse Physician Assistant
Nurse Practitioner Public Health Professional
Pharmacist Other (Please Specify): _____
Physician _____

Primary Practice Setting (circle one)

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

Primary Specialty (circle one)

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

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

CME CNE CPE Certificate of Attendance

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 course? (circle all that apply)

CDC Colleague Emory University Facebook/LinkedIn Mailing NFID Email Website Previously Attended
Professional Society (please specify): _____
Other (please specify): _____

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

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

SPECIAL NEEDS

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

PAYMENT (circle the amount enclosed)

Early registration, including payment, must be post-marked by 9/27/18.

REGISTRATION TYPE	Early (by 9/27/18)	Regular (after 9/27/18)
General	\$750	\$850
Nurse/Trainee†	\$500	\$600
Daily (select one)	\$400	\$500
	<input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY	

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 idcourse@nfid.org

† Nurses must provide a copy of a valid nursing license.

Trainees must provide a proof of status letter from program director/advisor.

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 **MONDAY, SEPTEMBER 27, 2018**. There will be no refunds for cancellations made after this date. Substitutions may be allowed; however, you must notify NFID in writing prior to **FRIDAY, NOVEMBER 2, 2018**. The program organizers reserve the right to cancel this course at any time. In the event of a cancellation of the course, the total registration fee paid will be refunded.