



## Registrant Information

Last Name		First Name	Credential(s) to Appear on Badge (eg, MD, PhD, RN)	
Institution				
Address				
City	State/Province	Postal Code	Country	
Telephone	Fax*	Email Address*		

May we distribute your contact information to other attendees?  Yes  No  
 Are you a NEW member of NAMS?  Yes  No  
 Is this your first NAMS meeting?  Yes  No

\* All confirmations are sent by fax or email. Please be sure to include your country code on your telephone and fax numbers if outside the US or Canada. Contact information will not be shared with outside parties.

### Registration Fees for Pre-Meeting Symposium—September 21 (8:00 AM–1:00 PM)

NAMS Member: \$150     Nonmember: \$175     In-Training†: \$75    **A.** \$ \_\_\_\_\_

### Registration Fee Discount for Annual Meeting

A contributing factor to the overall success of the 2011 NAMS Annual Meeting is having registrants book their accommodations at the Gaylord National Hotel, the site of the NAMS meeting. The Society is pleased to offer a discounted registration fee to all those staying within the NAMS block of rooms at the Gaylord. This discount is provided so that NAMS can meet its contract obligations with the Gaylord, avoiding significant financial penalties, which ultimately permits NAMS to continue to maintain an affordable registration fee to attend its Annual Meetings. For those selecting the discounted rate, your hotel reservation will be verified at the time of the meeting. Anyone not listed as staying at the Gaylord will automatically be charged the difference in the registration fee after the meeting. Those residing within 75 miles of the Gaylord are not required to stay within the Gaylord to receive the discounted registration rate. More information regarding hotel reservations can be found at <http://www.menopause.org/meetings/venue.aspx>.

### Registration Fees for Annual Meeting September 21–24, 2011

	Payment received by July 31, 2011	Payment received after August 1, 2011
NAMS Member—Discounted Rate	<input type="radio"/> \$495	<input type="radio"/> \$545
NAMS Member—Regular Rate	<input type="radio"/> \$645	<input type="radio"/> \$695
Nonmember—Discounted Rate	<input type="radio"/> \$695	<input type="radio"/> \$745
Nonmember—Regular Rate	<input type="radio"/> \$845	<input type="radio"/> \$895
In-Training†—Discounted Rate	<input type="radio"/> \$250	<input type="radio"/> \$275
In-Training†—Regular Rate	<input type="radio"/> \$400	<input type="radio"/> \$425
Guest Rate	<input type="radio"/> \$85	<input type="radio"/> \$95
Guest Name:	_____	

**B.** \$ \_\_\_\_\_

### Roundtable Breakfast Sessions

Moderators and topics are found on the NAMS Website (<http://www.menopause.org/breakfastsession.pdf>).  
 Tables are available on a first-come, first-served basis.

**Thursday, September 22**  \$25

Table # Preference: \_\_\_\_\_ 1st: 2nd: 3rd: 4th:

**Friday, September 23**  \$25

Table # Preference: \_\_\_\_\_ 1st: 2nd: 3rd: 4th:

**C.** \$ \_\_\_\_\_

†In-training is defined as those full-time students, residents, and fellows at a university or other tertiary educational institution. In-training registrants are entitled to the same privileges as other participants. To receive the special registration fee, a signature of the Department Head is required here:

Department Head signature (if required)

Date program will be completed



Registrant's Last Name \_\_\_\_\_

**Support NAMS with a tax-deductible donation to the Education & Research Fund (Tax ID 34-1604749)**

**D. \$ \_\_\_\_\_**

### Total Registration Fees Payment

I agree to pay the total amount of registration fees according to the card issuer agreement. **(A + B + C from other side) + D \$ \_\_\_\_\_**

- Check (payable to NAMS in US funds only and drawn on a US bank)
- American Express    MasterCard    VISA    Discover

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_

Cardholder's City, State/Province \_\_\_\_\_

Cardholder's Country, Zip/Postal Code \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Cancellation notices received by NAMS by July 31, 2011, will receive a 75% refund. No refund will be given after that date.

### Media Registration

Members of the media who wish to attend the NAMS Annual Meeting should contact the Society's public relations firm at 440/352-2081 for details.

### Profession (please select only one)

- Administrator                       Nurse Midwife                       Physician                       Researcher
- Educator                       Nurse Practitioner                       Physician Assistant                       Student/Resident/Fellow
- Mental Health Professional                       Nutritionist                       Product Industry                       Other: \_\_\_\_\_
- Nurse                       Pharmacist                       Publishing/Writing                      \_\_\_\_\_

### Specialty (please select only one)

- Cardiology                       Gynecology                       Ob/Gyn                       Reproductive Endocrinology
- Endocrinology                       Internal Medicine                       Oncology                       Rheumatology
- Family/General Practice                       Mental Health                       Public Health                       Sexual Health (therapists only)
- Geriatrics                       Nutrition                       Radiology                       Urology
- Other: \_\_\_\_\_

### Submit Registration Form

Please use one of the following methods to submit your registration form:

- Mail form and payment to:  
The North American Menopause Society  
5900 Landerbrook Drive, Suite 390  
Mayfield Heights, OH 44124 USA
- Fax both sides of form with credit card information to: 301/694-5124
- Go to the NAMS Website (<http://www.menopause.org/meetings/regagm.aspx>) and complete the online form found there, along with credit card information.

