



2021 Annual Meeting

September 22–25, 2021

Washington Hilton • Washington, DC

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* _____

* 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 United States or Canada.

REGISTRATION FEES: TRANSLATIONAL SCIENCE SYMPOSIUM— SEPTEMBER 21, 2021 (7:30 AM–6:00 PM)

\$275 A. \$ _____

REGISTRATION FEES: MENOPAUSE 101—SEPTEMBER 21, 2021 (2:00 PM–6:00 PM)

NAMS Member: \$150 Nonmember: \$200 In-Training^{††}: \$75 B. \$ _____

REGISTRATION FEES: PRE-MEETING SYMPOSIUM—SEPTEMBER 22, 2021 (8:00 AM–1:00 PM)

NAMS Member: \$200 Nonmember: \$250 In-Training^{††}: \$75 C. \$ _____

REGISTRATION FEES: ANNUAL MEETING—SEPTEMBER 22–25, 2021

Registration Fee Discount for Annual Meeting

NAMS is pleased to offer a discounted registration fee to all those staying within the NAMS block of rooms at the Washington Hilton. This discount is provided so that NAMS can meet its contractual obligations with the hotel, avoiding significant financial penalties, which ultimately permits NAMS to continue to maintain an affordable registration fee for 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 hotel will automatically be charged the difference in the registration fee after the meeting. Those residing within 75 miles of the hotel are not required to stay at the hotel to receive the discounted registration rate. More information regarding hotel reservations can be found at www.menopause.org/2021hotel.

	Payment received by August 1, 2021	Payment received after August 1, 2021
NAMS Member–Discounted Rate	<input type="checkbox"/> \$575	<input type="checkbox"/> \$625
NAMS Member–Regular Rate	<input type="checkbox"/> \$695	<input type="checkbox"/> \$745
Nonmember–Discounted Rate	<input type="checkbox"/> \$775	<input type="checkbox"/> \$820
Nonmember–Regular Rate	<input type="checkbox"/> \$920	<input type="checkbox"/> \$950
In-Training ^{††} –Discounted Rate	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275
In-Training ^{††} –Regular Rate	<input type="checkbox"/> \$400	<input type="checkbox"/> \$425
Guest Rate	<input type="checkbox"/> \$85	<input type="checkbox"/> \$95

Guest Name: _____

^{††} 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 letter from the Department Head is required.

D. \$ _____



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DONOR COCKTAIL PARTY

You are invited to the Donor Cocktail Party on Friday, September 24, from 5:45–6:45 PM. Your \$250 or more tax-deductible donation gives you access to the event and helps support NAMS' many educational initiatives.

Donor Cocktail Party _____

If you are not able to attend the Donor Cocktail Party, please consider a tax-deductible donation of your choice to:

Education & Research Fund _____

Annual Fund _____

NAMS Tax ID: 34-1604749

E. \$ _____

NAMS TRAINEE ANNUAL MEETING SCHOLARSHIP FUND

Make a difference in the career of a trainee through your tax-deductible donation of \$100 or more. Donations will support trainee attendance at the 2022 NAMS Annual Meeting in Atlanta, GA (October 12-15). Donors will be recognized in the 2022 Annual Meeting Program and on slides shown during the meeting. Donations to this Fund do not provide access to the Donor Cocktail Party.

I would like to donate to the 2022 Scholarship Fund F. \$ _____

Please check if you are submitting for Maintenance of Certification (MOC) credits with the American Board of Internal Medicine (ABIM).

Yes No

If so, please provide the following:

ABIM Number _____

Month and Date of Birth (Example: 11/02; do not include year) _____

TOTAL REGISTRATION FEES & DONATION

I agree to pay the total registration fees and donation amounts according to the card issuer agreement.

(A + B + C + D from other side) + E + F \$ _____

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 August 1, 2021, will receive a 75% refund. No refund will be given after that date.

PROFESSION Select only one (required)

- | | | |
|--|---|--|
| <input type="checkbox"/> Dietitian or Nutritionist | <input type="checkbox"/> Media/Publishing/Writing | <input type="checkbox"/> Mental Health Professional–Nonphysician |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Nurse Midwife | <input type="checkbox"/> Nurse Practitioner |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Physician/Resident | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Product Industry (eg, pharma) | <input type="checkbox"/> Researcher–Nonphysician | <input type="checkbox"/> Other Nonphysician (please specify) _____ |

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Mail form and payment to:
The North American Menopause Society
30050 Chagrin Blvd., Suite 120
Pepper Pike, OH 44124 USA | <input type="checkbox"/> Fax both sides of form
with credit card information to:
330/425-4983 | <input type="checkbox"/> Go to the NAMS website
(www.menopause.org/2021reg) and complete
the online form found there, along with
credit card information |
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