

# 2021 Registration Form



## IPEG's 30th Annual Congress for Endosurgery in Children

June 11-14, 2021 | Virtual Meeting

### PERSONAL CONTACT INFORMATION

MD  DO  PHD  PROF  OTHER

FIRST GIVEN NAME                      FAMILY LAST NAME                      TITLE

INSTITUTION

ADDRESS

CITY                      STATE                      ZIP                      COUNTRY

PHONE (including Country code) FAX                      EMAIL

MEMBERSHIP:                      IPEG                      Mbr # \_\_\_\_\_

*Membership in IPEG will be verified; all registrations at the member rate without valid corresponding membership record will be charged the non member fee without notice.*

*You may register as an IPEG member as long as you complete the IPEG membership application by May 11, 2021. If you register as a Non-Member and complete an application by this date, you may be refunded the difference.*

STEP 1 (required): Register under the appropriate category			
	Registration Fee		
Registration Type	Member	Non-Member	
Surgeon	\$250	\$300	\$
Surgeon in Training	\$150	\$200	
Allied Health	\$100	\$200	
Industry	\$100	\$100	

STEP 2: IPEG Contributions			
Long Term Research Fund Contribution			
Yes, I would like to contribute to the IPEG's Long Term Research Fund (LTRF). I understand that my contribution will be acknowledged in the final program. If you prefer that your contribution be anonymous and you do not want your name to be acknowledged in the final program, please email Viera Ewell, Program Manager, at <a href="mailto:viera@ipeg.org">viera@ipeg.org</a> .		\$75 \$150 \$250 OTHER	\$

**STEP 2 CONT.**

**IPEG Recovery - Investing in the future Pediatric Surgeon**

The COVID-19 pandemic has had serious financial impact on nearly every aspect of the global economy. Professional societies, such as the International Pediatric Endosurgery Group, were not spared during the COVID pandemic. Many, including IPEG, have had and continue to have financial hardships. IPEG's leadership has worked diligently this year to re-imagine a NEW SUSTAINABLE IPEG that can offer more to Pediatric Surgeons and Allied Health members across the globe:

- Providing readily available educational content - New StayCurrent IPEG mobile app
- Re-shaping committees into networking forums /New committees launched
- More opportunities for awards and grants
- Simulation based training and more

We are offering you the opportunity to contribute to the new IPEG. You can contribute directly to IPEG or sponsor a participant who may not be able to afford to attend. Contributors will be acknowledged In the final program. Please email Viera Ewell, Program Manager, at [viera@ipeg.org](mailto:viera@ipeg.org) with the full name and email if you are sponsoring a participant OR if you prefer that your contribution be anonymous and you do not want your name to be acknowledged in the final program.

\$75  
\$150  
\$250  
OTHER

\$

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_**

**Authorizations**

**AUTHORIZATION FOR VIDEOTAPE AND RECORDING**

I hereby agree to the recording and videotaping of his/her appearance and participation at the 2021 IPEG virtual meeting activity sponsored by IPEG.

I acknowledge that IPEG is and will be the sole owner of all rights, including but not limited to, copyrights in and to the videotape and the recordings of the PROGRAM, for educational purposes. IPEG shall have the right to distribute and broadcast the videotape or recordings and may use PRESENTER'S name, portrait, picture and biographical information to publicize and advertise the videotape or recordings.

**VERIFICATION OF PATIENT AUTHORIZATION (PRESENTERS ONLY)**

If PRESENTER includes any individually identifiable patient information (including name, disease state/diagnosis, images, video clip) in their presentation, accordingly, PRESENTER must secure or have in place a valid authorization signed by the patient or the patient's personal representative who is the subject of the protected health information and must have the authorization on file.

By signing below, PRESENTER represents that he/she has obtained all required authorizations.

PRESENTER (Signature) \_\_\_\_\_

**Payment Information**

I authorize Congress to charge the following card number for a total amount of \$ \_\_\_\_\_

Visa  MasterCard  Am. Express

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**CARD NUMBER**

Exp. Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_ (A 3 or 4 digit number printed on the front (AMEX) or back (VISA/MC) of the card)

Cardholder's Full Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Wire Transfer *Bank information will be forwarded within 48 hours to the email address provided here* \_\_\_\_\_

# 2021 Registration Form



## Terms & Cancellation

---

- All accepted abstract presenters are required to register for the full Congress in order to be published in the program and journal.
- Payment in full must accompany registration form.
- Cancellations must be submitted in writing before **May 28, 2021** to receive a refund minus a \$85 administrative fee.
- No refunds will be granted after **May 28, 2021** for no-shows at the Congress; Mastery Courses & Lectures; or unused portions of the meeting.
- All transactions will be processed by U.S. bank in U.S. dollar.
- By completing your registration, you agree that your contact information will be shared with the 2021 IPEG Virtual Meeting meeting vendors, sponsors, and exhibitors. In addition, the contact information will added to IPEG marketing lists and will be used for the marketing purposes of IPEG activities only. You can always unsubscribe if you no longer wish to receive our emails. We will never sell or share your contact information to third party company.  
Please click here if you do NOT consent to sharing your contact information with meeting sponsors and/or exhibitors

## Meeting Registration

---

There are various ways to register for IPEG's 30th Annual Congress for Endosurgery in Children

1. ONLINE at <https://cvent.me/PWly2E>
2. FAX a completed registration form to +1 310.437.0585
3. SCAN a complete registration form and email it to [registration@ipeg.org](mailto:registration@ipeg.org)
4. MAIL a complete registration form with check payment (U.S. bank checks only payable to IPEG) to IPEG: 11300 W. Olympic Blvd, Suite 600, Los Angeles, CA 90064, USA Attention: Registrar

If you have any questions, please contact the Congress Registrar at [registration@ipeg.org](mailto:registration@ipeg.org) or call **+1 310.437.0553, ext. 128.**