# GIQuIC Setting the standard in quality improvement initiatives in gastroenterology.

## REGISTRATION FORM

### PARTICIPANT INFORMATION – *Please print or type information below.*

Practice/Facility/Hospital Name

Address

City State Zip Country

Phone Fax

Data Manager Name (administrator contact name)

Data Manager E-mail Data Manager Phone Number

Endowriter, if currently using one (please include specific version number or name of endowriter)

Is your facility part of a larger healthcare system? If so, which one?

| Number of Physicians | GIQuIC Annual License Fee |
|---|---|
| 1-5 physicians | $4,000 |
| 6-10 physicians | $5,400 |
| 11-15 physicians | $9,400 |
| 16-20 physicians | $10,800 |
| Greater than 20 physicians at your facility? | Please contact us at www.giquic.org. |

*Participants in ASGE's Endoscopy Unit Recognition Program qualify for discounted GIQuIC rates.*

**Physician Names**: Please indicate each physician's NPI number and circle his/her specialty. Attach a separate sheet of paper if you cannot fit all physicians below.

Name

Email

NPI #

Specialty: GI / IM / FP / SURG / Other ______

Name

Email

NPI #

Specialty: GI / IM / FP / SURG / Other ______

Name

Email

NPI #

Specialty: GI / IM / FP / SURG / Other ______

Name

Email

NPI #

Specialty: GI / IM / FP / SURG / Other ______

Name

Email

NPI #

Specialty: GI / IM / FP / SURG / Other ______

Name

Email

NPI #

Specialty: GI / IM / FP / SURG / Other ______

Name

Email

NPI #

Specialty: GI / IM / FP / SURG / Other ______

Name

Email

NPI #

Specialty: GI / IM / FP / SURG / Other ______

Name

Email

NPI #

Specialty: GI / IM / FP / SURG / Other ______

### PAYMENT INFORMATION

**Payment Type**: ☐ Check payable to GIQuIC is enclosed ☐ Visa ☐ MasterCard ☐ American Express

Cardholder Name

Billing Address

Card Number Exp. Date 3 or 4 Digit Security Code

Signature Billing E-mail

**Return completed registration form with payment in U.S. funds to GIQuIC.**

**Mail:** GIQuIC, 6400 Goldsboro Road, Suite 200, Bethesda, MD 20817 **Fax:** 301-263-9025