



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: _____ Name: _____ Name: _____

NPI #: _____ NPI #: _____ NPI #: _____

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

Name: _____ Name: _____ Name: _____

NPI #: _____ NPI #: _____ NPI #: _____

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

Name: _____ Name: _____ Name: _____

NPI #: _____ NPI #: _____ NPI #: _____

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