

# REGISTRATION FORM

## 2021 CLINICAL VACCINOLOGY COURSE (ONLINE)

NOVEMBER 15-17, 2021

Please complete and return this form by email to [idcourse@nfid.org](mailto:idcourse@nfid.org)

### ATTENDEE INFORMATION (please print clearly or type)

First name Middle initial Last name

Professional title Employer

#### Degree/Credentials (circle all that apply)

BA BS MA MD MPH MS NP PharmD PhD RN Other (please specify): \_\_\_\_\_

Mailing address

City State/Territory Zip code Country

Email address Work phone

Yes, I would like to receive email communications from NFID

#### Profession (circle one)

Consumer  
Nurse  
Nurse Practitioner  
Pharmacist

Physician  
Physician Assistant  
Public Health Professional  
Other: \_\_\_\_\_

#### Continuing Education (CE) credit requested (circle one)

CME CNE Certificate of Attendance

#### What percentage of the work day are you involved in direct patient care? (circle one)

0% 1-25% 26-50% 51-75% 76-100%

#### Primary Employment/Practice Setting (circle one)

Academia  
Government  
(Federal/State/Local)  
Hospital/Health System  
Industry  
Other: \_\_\_\_\_

Non-Profit/NGO  
Pharmacy  
Private Practice  
Public Health

#### How did you hear about this course? (circle all that apply)

CDC Colleague Facebook/LinkedIn NFID Email NFID Postcard NFID Website

Previously Attended Professional Society (please specify): \_\_\_\_\_

Other (please specify): \_\_\_\_\_

#### Primary Specialty (circle one)

Administration/Management  
Adolescent Medicine  
Antibiotic Resistance/  
Stewardship  
College Health  
Epidemiology  
Family Medicine  
Geriatrics  
Immunology  
Infectious Diseases  
Internal Medicine  
Obstetrics/Gynecology

Pediatrics  
Pediatric Infectious  
Diseases  
Pharmacy  
Policy  
Public Health  
Research (Clinical)  
Research (Non-Clinical)  
Travel Medicine  
Vaccinology

#### What was the major determining factor in registering for this course? (circle all that apply)

Content/Topics Continuing Education Credits Cost Location Networking Speakers

Other (please specify): \_\_\_\_\_

### CODE OF CONDUCT

In registering for and/or participating in NFID programs, you agree to comply with the NFID Code of Conduct:  
[www.nfid.org/code-of-conduct](http://www.nfid.org/code-of-conduct)

### SPECIAL NEEDS

Please email any special meeting needs, requirements, or other needs to: [idcourse@nfid.org](mailto:idcourse@nfid.org)

### REGISTRATION FEE

\$750 Individual Registration

For group registrations (5 or more), contact NFID at [idcourse@nfid.org](mailto:idcourse@nfid.org)

### CANCELLATION POLICY

Registration fee refunds, less a \$75 administrative fee, will be granted only if written notification is received by NFID via email to [idcourse@nfid.org](mailto:idcourse@nfid.org) prior to 5:00 PM ET on **November 12, 2021**. There will be no refunds for cancellations made after this date. Substitutions may be allowed; however, you must notify NFID via email to [idcourse@nfid.org](mailto:idcourse@nfid.org) prior to 5:00 PM ET on **November 12, 2021**. In the event that NFID cancels the course, the total registration fee paid will be refunded.

### PAYMENT DETAILS

Check or money order drawn on US funds (**made payable to NFID**) enclosed in the amount of \$ \_\_\_\_\_ *Mail checks to: NFID, 7201 Wisconsin Avenue, Suite 750, Bethesda, MD 20814*

Please charge my credit card in the amount of \$ \_\_\_\_\_

Select type of card  Visa  MasterCard

\_\_\_\_\_  
Name as printed on card

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Security code Expiration date Billing Zipcode

\_\_\_\_\_  
Signature



[www.nfid.org/cvc](http://www.nfid.org/cvc)