

REGISTRATION FORM

VIRTUAL 2022 ANNUAL CONFERENCE ON VACCINOLOGY RESEARCH

APRIL 11-12, 2022

Please complete and return this form by email to vaccine@nfid.org

ATTENDEE INFORMATION (please print clearly or type)

First Name	Middle Initial	Last Name	
Professional Title	Employer		
Degree(s) (circle all that apply) BA BS MA MD MPH MS NP PharmD PhD RN Other (please specify): _____			
Mailing Address			
City	State	Zip Code	Country
E-mail Address	Cell Phone	Work Phone	

Do not include my contact information on the attendee roster

Profession (circle one)

Nurse
Nurse Practitioner
Pharmacist
Physician
Other: _____

Physician Assistant
Public Health Professional
Reporter/Media

Continuing Education (CE) credit requested (circle one)

CME Certificate of Attendance None

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

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

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

CDC Colleague Email LinkedIn Mailing NFID website Online Advertisement Previously Attended

Professional Society (please specify): _____

Other (please specify): _____

Primary Employment/Practice Setting (circle one)

Academia
Government
Hospital/Health System
Industry
Other: _____

Pharmacy
Private Practice
Public Health

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

Content/Topics Continuing Education Cost Speakers Location Networking Submitted Abstract

Other (please specify): _____

Primary Specialty (circle one)

Administration/Management
Adolescent Medicine
College Health
Epidemiology
Family Medicine
Geriatrics
Immunology
Infectious Diseases
Internal Medicine
Obstetrics/Gynecology
Other: _____

Pediatrics
Pediatric Infectious Disease
Pharmacy
Public Health
Research (Clinical)
Research (Non-Clinical)
Travel Medicine
Vaccinology
Veterinary

I would like to receive the following NFID email updates: (check all that apply)

- Annual Conference on Vaccinology Research
 Clinical Vaccinology Course
 News & Updates (e.g., Awards, Quarterly Newsletter)
 Webinars

SPECIAL NEEDS

Please email any special meeting needs, or requirements to: vaccine@nfid.org

PAYMENT

Individual Registration \$300.00

CANCELLATION POLICY

Registration fee refunds, less a \$75 administrative fee, will be granted only if written notification is received at NFID prior to **5:00 PM ET on April 4, 2022**. There will be no refunds for cancellations made after this date. Substitutions may be allowed; however, you must notify NFID via email to vaccine@nfid.org prior to **1:00 PM ET on April 8, 2022**. The program organizers reserve the right to cancel this course at any time. In the event of a cancellation of the course, the total registration fee paid will be refunded.

- 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 bill 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 Zip Code

Signature