

# 2021

# ACMG Annual Clinical Genetics Meeting

## APRIL 13-16

a virtual experience



## REGISTRATION FORM

Register Today!



[www.acmgmeeting.net](http://www.acmgmeeting.net) | Payment by credit card only

2021 ACMG Annual Meeting | 7101 Wisconsin Ave., Suite 1101, Bethesda, MD 20814  
Payment by credit card or check must be included with mailed registration forms.

### ATTENDEE INFORMATION (PLEASE PRINT)

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ DEGREES/CREDENTIALS: \_\_\_\_\_

INSTITUTION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ATTENDEE EMAIL ADDRESS (REQUIRED): \_\_\_\_\_ CC OR BILLING EMAIL ADDRESS: \_\_\_\_\_  
(EMAIL ADDRESS REQUIRED – Confirmations and important information will be sent via email.) (CC for all registration correspondence)

**NOTE: All correspondence with registered attendees is via email.** To ensure receipt of all important Annual Meeting related communications—please have your IT Department set your institutions' server (or set your email filter, spam blocker or server directly) to accept and not block emails from the following email addresses: [acmg2021@acmg.net](mailto:acmg2021@acmg.net), [acmgmeeting@acmg.net](mailto:acmgmeeting@acmg.net), [education@acmg.net](mailto:education@acmg.net) and [acmgsupport@cmrus.com](mailto:acmgsupport@cmrus.com).

### REGISTRATION FEES

#### ACMG MEMBERS:

To qualify for the membership rate, ACMG membership dues must be paid by January 31, 2021. Pending ACMG members must pay the non-member fee. The difference will be reimbursed when membership is approved.

	EARLY-BIRD On or before Feb. 15, 2021	LATE Feb. 16, 2021 thru April 16	AMOUNT
MD, PhD, Laboratory Director, DO, Commercial/Corporate Representative .....	<input type="checkbox"/> \$350	<input type="checkbox"/> \$490	\$ _____
SELECT REGISTRATION CATEGORY: <input type="radio"/> Genetic Counselor <input type="radio"/> Nurse <input type="radio"/> Physician Assistant .....	<input type="checkbox"/> \$280	<input type="checkbox"/> \$390	\$ _____
<input type="radio"/> Dietitian <input type="radio"/> Laboratory Technologist/Technician <input type="radio"/> Non-profit Advocacy Representative			
Emeritus and Honorary .....	<input type="checkbox"/> \$60	<input type="checkbox"/> \$85	\$ _____
Trainee/Postdoctoral Fellow/Resident <sup>1</sup> .....	<input type="checkbox"/> \$160	<input type="checkbox"/> \$230	\$ _____
Student (Medical School, Graduate School or Undergraduate Levels) <sup>2</sup> .....	<input type="checkbox"/> \$70	<input type="checkbox"/> \$70	\$ _____

#### NON-MEMBERS:

MD, PhD, Laboratory Director, DO, Commercial/ Corporate Representative .....	<input type="checkbox"/> \$590	<input type="checkbox"/> \$750	\$ _____
SELECT REGISTRATION CATEGORY: <input type="radio"/> Genetic Counselor <input type="radio"/> Nurse <input type="radio"/> Physician Assistant .....	<input type="checkbox"/> \$440	<input type="checkbox"/> \$540	\$ _____
<input type="radio"/> Dietitian <input type="radio"/> Laboratory Technologist/Technician <input type="radio"/> Non-profit Advocacy Representative			
Trainee/Postdoctoral Fellow/Resident <sup>1</sup> .....	<input type="checkbox"/> \$180	<input type="checkbox"/> \$250	\$ _____
Student (Medical School, Graduate School or Undergraduate Levels) <sup>2</sup> .....	<input type="checkbox"/> \$70	<input type="checkbox"/> \$110	\$ _____
<input type="radio"/> Add the option to extend access to the recordings for 2 years .....	<input type="checkbox"/> \$99	<input type="checkbox"/> \$99	\$ _____

#### THE FOLLOWING SESSIONS REQUIRE SEPARATE REGISTRATION AND/OR REGISTRATION FEES.

Please check all that you plan to attend and include in the total registration fees.

#### SHORT COURSES: TUESDAY, APRIL 13, 2021 • 12:30 pm – 5:30 pm

- Short Course 1:** A Clinician's Perspective on Obesity: Syndromic and Non-Syndromic Causes, Treatment and Challenges
- Short Course 2:** Integration of Functional Genomics to Improve Variant Interpretation and Diagnosis

ACMG Member Registration Fee with Full Registration .....	<input type="checkbox"/> \$160	<input type="checkbox"/> \$240	\$ _____
Non-Member Registration Fee with Full Registration .....	<input type="checkbox"/> \$200	<input type="checkbox"/> \$280	\$ _____
Member – Short Course Only .....	<input type="checkbox"/> \$200	<input type="checkbox"/> \$280	\$ _____
Non-Member – Short Course Only .....	<input type="checkbox"/> \$240	<input type="checkbox"/> \$320	\$ _____

#### SPECIAL STUDENT SESSION:

- Careers in Medical Genetics – An Informational Session for Students** (Pre-registration required)

Complimentary Complimentary

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

<sup>1</sup> **Trainee/Postdoctoral Fellow/Resident:** Those qualifying for this registration fee must be enrolled in postdoctoral training, residency or fellowship program in genetics or a related discipline. Please provide verification of this status when submitting the registration form to qualify for the discounted fee.

<sup>2</sup> **Student Registration:** Those qualifying for this registration fee must be enrolled in medical school or an undergraduate or graduate program. Please provide verification of this status when submitting the registration form to qualify for the discounted fee.

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### ■ DEMOGRAPHIC INFORMATION: Please provide the following (required) attendee information.

Is this your first ACMG Annual Meeting?  Yes  No

#### PLEASE INDICATE IF YOU ARE BOARD CERTIFIED

**American Board of Medical Genetics and Genomics (ABMG) Specialties of Genetics:**

- Clinical Biochemical Geneticist
- Clinical Cytogenetics and Genomics
- Clinical Genetics and Genomics
- Clinical Molecular Genetics and Genomics
- Laboratory Genetics and Genomics
- PhD Medical Genetics

**American Board of Genetic Counseling (ABGC):**

- Certified Genetic Counselor (CGC®)

#### DEGREE/CREDENTIAL

- MD
- PhD
- MD/PhD
- DO
- PharmD
- EdD
- Master's Degree – Genetic Counseling
- Master's Degree – Nursing
- Master's Degree – Public Health
- Master's Degree – Other
- LGC (Licensed Genetic Counselor)
- CGC (Certified Genetic Counselor)
- CLS (Clinical Laboratory Scientist)
- MBA
- JD
- RN/BSN
- Bachelor's Degree
- Not Applicable

#### PRIMARY INTEREST/SPECIALTY

- Biochemical genetics
- Cancer genetics
- Cardiovascular genetics
- Clinical genetics
- Corporate – Biotechnology, Pharmaceutical, Other Corporate Function
- Cytogenetics
- ELSI
- Maternal Fetal Medicine
- Metabolic/Dietary

- Molecular genetics
- Neurogenetics
- Obstetrics and Gynecology
- Pediatrics
- Prenatal
- Public Health genetics
- Research
- Laboratory
- Genetic counseling
- Biotechnology/Pharmaceutical
- Education
- Parent/Patient Advocacy
- Not Applicable

#### PRIMARY ROLE/POSITION HELD

- Clinical Geneticist
- Pediatric Physician
- Obstetric Physician
- Physician, other specialty
- Laboratory Director/Supervisor
- Genetic Counselor
- Nurse/Nurse Practitioner
- Educator
- Researcher
- Public Health Professional
- Dietitian
- Physician Assistant
- Public Health
- Laboratory Technologist/Technician
- Corporate (Biotech/Pharma) Executive
- Fellow
- Post Doctoral Trainee/Resident
- Student
- Patient/Family Advocacy
- Government Relations/Advocacy
- Not Applicable

#### PRINCIPAL WORK SETTING/ INSTITUTIONAL AFFILIATION

- Academic Medical Center/University
- Academic Laboratory
- Managed care organization/HMO
- Medical practice – single specialty
- Medical practice – multiple specialty
- Commercial laboratory
- Commercial/Corporate (Pharmaceutical, Biotechnology, Software Sales, Insurance, etc.)

- Government agency (State/Federal-Nonmilitary)
- Consulting (group or self-employed)
- Hospital
- U.S. Military
- Non-profit organization
- Retired
- Not Applicable

#### NUMBER OF YEARS IN PRACTICE

- Less than 5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years
- More than 26 years
- Not applicable

#### WHAT ASPECTS OF ACMG ARE MOST IMPORTANT TO YOU?

- Education programs
- Practice resources
- Advocacy activities
- Membership benefits

#### WHAT ARE YOUR SHARED INTERESTS?

Check all that apply:

- Wine lover
- Love to travel
- Dog lover
- Cat lover
- Foodie
- Love to run
- Bread baker
- Yoga
- Craft beer enthusiast
- None of the above

#### ACMG OPT-IN

Go to the ACMG website ([www.acmg.net](http://www.acmg.net)) to update your privacy preferences. Failure to do so will mean you no longer receive news about ACMG programs.

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Check here if you have a disability that requires special accommodations or need assistance to fully participate in the virtual meeting. If checked, you will be contacted to determine your specific requirements.

Please specify your type of disability:  Hearing  Sight  Other, please describe: \_\_\_\_\_

**REGISTRATION IS NOT COMPLETE UNTIL PAYMENT IS RECEIVED AND CLEARED.** Online registration confirmations are sent immediately. Registration confirmations for mailed forms will be sent electronically within two weeks of receipt of payment. Contact [acmg2021@acmg.net](mailto:acmg2021@acmg.net) if you do not receive a confirmation email within two weeks of registering.

National Provider ID# \_\_\_\_\_. As part of the healthcare reform legislation signed into law in March 2010, the Physician Payment Sunshine Act requires medical device, biologic, and drug companies to track all payments and transfers of value (TOV) to U.S. healthcare providers made on or after Jan. 1, 2012. To assist meeting sponsors in complying with the federal mandate, ACMG is requesting that attendees supply their NPI number when registering for the meeting. Sponsors will collect NPI information with other basic demographics when an attendee visits their page in the Industry Solution Center. If attendee does not know their NPI number it can be obtained at <https://npiregistry.cms.hhs.gov>.

### **PAYMENT INFORMATION** (Payment must accompany registration)

For institutional purposes, the ACMG Federal ID number is 52-1774227

**TOTAL AMOUNT ENCLOSED:** \$ \_\_\_\_\_

**CHECK** in U.S. funds made payable to: **American College of Medical Genetics and Genomics (ACMG)**.  
*A \$50 processing fee will be charged for all returned checks.*

**CREDIT CARD:**  Visa  MasterCard  American Express  Discover

CARD NUMBER: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_ 3- OR 4-DIGIT SECURITY CODE: \_\_\_\_\_

NAME OF CARD HOLDER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

**EVENT POLICIES:** I understand and consent that as part of my registration and attendance at this event, personal data will be collected by the organizer and potential sponsors and technology partners for the purposes of (but not limited to) marketing, tracking attendance, lead retrieval, event apps, and/or the awarding of continuing education credits where applicable. To see ACMG's full privacy policy, please visit [www.acmg.net](http://www.acmg.net) – **Terms and Conditions**.

I have read and understand the event policies above. *(This box must be checked to process registration.)*

I have read and agree to the [ACMG Virtual Meeting Code of Conduct](#) (click to read).

**CANCELLATION POLICY:** No refunds will be granted for the Virtual Meeting registration. If you are unable to view content during the scheduled webcasting times, all sessions will be recorded and available for replay. Content will be available to watch for 90 days after the conclusion of the live broadcast days.

**CONSENT FOR USE OF PHOTOGRAPHIC IMAGES:** Registration and attendance at, or participation in, ACMG meetings and other activities constitutes an agreement by the registrant to permit ACMG's use and distribution (both now and in the future) of the registrant or attendee's image or voice in photographs, videotapes, electronic reproductions, audiotapes of such events and activities.

For more information, visit: [www.acmgmeeting.net](http://www.acmgmeeting.net)

Follow ACMG on social media for updates.



#ACMG21