



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?

Table with 2 columns: Number of Physicians, GIQuIC Annual License Fee. Rows include 1-5, 6-10, 11-15, 16-20 physicians and Greater than 20 physicians at your facility? with corresponding fees and a contact link.

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.

Form with 12 columns for physician information, grouped into three sets of four columns each. Each set includes Name, Email, NPI #, and Specialty: GI / IM / FP / SURG / Other.

PAYMENT INFORMATION

Payment Type: [ ] Check payable to GIQuIC is enclosed [ ] Visa [ ] MasterCard [ ] American Express

\* A 2% credit card processing fee applies when paying via credit card

TO PAY VIA CREDIT CARD, CALL 301-263-9000, ask for Anna Chareon

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

Mail To: GIQuIC, 11333 Woodglen Dr., Suite 100, North Bethesda, MD 20852 Fax: 301-263-9025