

Jointly hosted by the Southeast and Midwest regional chapters

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First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State or Province \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Contact/Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Circle all that apply: MD/DO/PhD   RN   NP   PA   RPH   PharmD   RD   Other \_\_\_\_\_

Guest name(s), if attending meeting: \_\_\_\_\_

Membership status:

- I am currently a member.
- My application for membership has been submitted and confirmed.
- I will apply at [lipid.org](http://lipid.org).
- Please send me membership information.

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Circle fee based on attendee type

NLA Member Early Bird Rate Before 6/9/17	NLA Member Discounted Rate After 6/9/17	Non-member Rate	Trainee Rate†
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<input type="checkbox"/> <b>Clinical Lipid Update</b> August 11-13, 2017 <i>Includes one admission badge to Exhibit Hall for all food functions.</i>	\$495	\$545	\$895	\$75
<input type="checkbox"/> <b>Professional Development</b>				
<input type="checkbox"/> <b>Masters in Lipidology Course*</b> August 10-11, 2017	\$750	\$750	\$1250	\$395
<input type="checkbox"/> <b>Lipid Academy</b> August 10-11, 2017	\$550	\$550	\$950	\$0
<b>Registration Fee Total</b>	\$ _____	\$ _____	\$ _____	\$ _____

**Registration:** Registration and payment must be received no later than **July 10, 2017**. After this, date meeting materials and name badge cannot be guaranteed.

By registering for the 2017 NLA Fall Clinical Lipid Update, attendee understands and agrees that attendee's name, city, and state may be shared with other attendees and exhibitors. By allowing an exhibitor to scan the conference badge, attendee understands, agrees and consents to the sharing of attendee's contact information with the company that scanned the conference badge.

**Cancellation:** Telephone cancellations will not be accepted. A written notice of cancellation must be received no later than **July 10, 2017**. This includes social events and guest fees. There will be a \$100 fee for all cancellations. There will be no refunds if cancelling within 30 days of the start of the meeting date.

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**Special Events and Guest Fees**

<input type="checkbox"/> Exhibit Hall Pass-Guest(s)	\$150	X _____ = \$ _____
<b>Guest Totals</b>		\$ _____
<b>Combined Total Fees</b>		\$ _____

Special needs: \_\_\_\_\_

**ADA Compliance:** Attendees who need additional reasonable accommodations or who have special needs should contact the NLA at 904.998.0854.

\***Master's Course:** To purchase the NLA-SAPs please go to: [lipid.org/education/nlasap](http://lipid.org/education/nlasap).

†**Trainee Rate:** Available for those individuals actively enrolled in a graduate or postgraduate training program for the treatment or investigation of lipid disorders and in pursuit of full credentialing in their specialized area of medical study. A letter from the program director or the school registrar must accompany the application.

**Registration Discount Disclaimer:** Discount codes cannot be retroactively applied to existing meeting registrations. The meeting discount codes are applicable to new registrants only.

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**Payment Method**

- VISA    MC    AMEX    Check   Make checks payable to the NLA

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Name on Card \_\_\_\_\_

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**3 Easy Ways To Register**



**Mail**  
National Lipid Association  
6816 Southpoint Parkway, Suite 1000  
Jacksonville, FL 32216



**Fax**  
NLA at 904-998-0855  
Fax with credit card number and signature



**Online**  
[lipid.org/fallclu](http://lipid.org/fallclu)