GALA GI and Liver Association of the Americas **CLEVELAND** CONFERENCE
JUNE 3-4, 2016

Registration Form

Title: _____ Name: _____ Degree: _____
(Please print)

Name Badge: _____
(Please input the information you wish to appear on your name badge. Example: Dr. John Doe M.D.)

Address: _____

City: _____ State: _____ ZIP: _____

Country: _____ Office Phone: _____

Cell Phone: _____ Email: _____

Specialty: _____

Please sign to receive future information from GALA and Focus Medical Communications.

_____ _____
Signature Date

PARALLEL SESSION *(We will try to accommodate your first choice)*

FIRST CHOICE *(please select 1 session below)*: Parallel Session # _____

SECOND CHOICE *(please select 1 session below)*: Parallel Session # _____

SESSIONS	TOPIC
1	Inflammatory Bowel Disease
2	Functional GI Disorders
3	Upper GI Disorders
4	Viral Hepatitis and Complications of Cirrhosis: Therapy Decision Making

CONFERENCE REGISTRATION FEE* *(US Dollars)*

_____ Industry representative - **$250**

_____ Physician - **$150**

_____ PA, RN, NP, PhD, PharmD - **$75**

_____ Free Registration w/ Promo Code - **$0****

**Conference registration fee includes access to all conference events including meals (Friday and Saturday lunch and Saturday breakfast) and Friday evening reception. No guests allowed.*

****Cancellation fee: If cancellation after May 27th, no refund. If cancellation on/before May 27th, 50% refund.*

PROMO CODE: _____

***Promotional code required for free registration. Persons eligible for free registration includes, but is not limited to, fellows, full time students, etc. Please email info@galamericas.org for your code.*

HOTEL INFORMATION

A limited quantity of rooms have been reserved at The Ritz-Carlton, Cleveland. The discounted group rate is $189.00 plus tax and fees. Please use promo code **glvglva** when making your reservations. This group rate will expire after Tuesday, May 19, 2016. To reserve a room, please visit galamericas.org/Cleveland2016 or call 1-800-241-3333 and reference your specific travel dates and name of the event "GALA Cleveland Conference".

PAYMENT OPTIONS

Register online at **galamericas.org/Cleveland2016** or by:

_____ **CHECK** (Make payable to "**Focus Medical Communications**" and mail check and this registration form to: Focus Medical Communications, Attn: Danielle Delia, 7 Century Drive, Suite 104, Parsippany, NJ 07054)

_____ **CREDIT CARD** (Complete this form and fax to 1-866-655-0671 or mail to: Focus Medical Communications, Attn: Danielle Delia, 7 Century Drive, Suite 104, Parsippany, NJ 07054, USA) (Non-US credit card payment is subject to the currency conversion rate at the time of the charge).

_____ Visa _____ Mastercard _____ American Express

Name (printed): _____

Card #: _____ Expiration Date: _____ Security Code: _____

Signature: _____

Annenberg Center For Health Sciences at Eisenhower

Jointly provided by the Annenberg Center for Health Sciences at Eisenhower, the Gastrointestinal and Liver Association of the Americas (GALA), and the Texas Liver Institute.

Texas Liver Institute