



International Myeloma Annual Meeting Group Import Instructions and Checklist:

- ☐ **Column Titles** must be left in place, and no new columns should be added.
- ☐ Individual **Email** addresses are required. Duplicate emails are not allowed.
- ☐ **Required Information** is noted by a yellow highlighted column header.
- ☐ **Extraneous Marks** and punctuation should not be present on the spreadsheet. Please leave fields blank instead of filling it with a zero, N/A (not applicable), dots, x's, or any other punctuation.
- ☐ **Email the Spreadsheet** to imsregistration@spargoinc.com
- ☐ **Allied Health Professionals** are required to verify their status as an allied health professional. See the Group Registration Policies document for information requirements and submission instructions.

For column A (Job Function Code) use the codes on the Job function tab

Answer Code	AnswerText	Answer Code	AnswerText
A	MD	G	Nurse Practitioner
B	DO	H	Nurse
C	PhD	I	Physician Assistant
C1	MD, PhD	J	Industry
D	MBBS	K	Other Medical Nonphysician
E	Fellow/Resident/Trainee	L	Other Nonmedical
F	Medical Student	N	Allied Health Professional

For column S (Reg Code) please enter one of the following:

FULL= In person Attendance

VM= Virtual Meeting through 1 week post meeting

VME= Virtual Meeting through December 31, 2026

- ☐ **For column T (Nursing Symposium)** please indicate NSO for attendance. (This event is only available for Allied Health Professionals)
- ☐ **For column C (Promotional Code)** enter the code if applicable. Leave this field blank if you do not have a code.