



**MEDICAL DERMATOLOGY SOCIETY
2019 ANNUAL MEETING REGISTRATION FORM
Thursday, February 28, 2019
Washington, D.C.**

ADVANCED REGISTRATION DEADLINE: FRIDAY, FEBRUARY 15, 2019

MEETING ATTENDEE INFORMATION

First Name _____ Last Name _____ Degree(s) _____

Institution/Department _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email _____

Registration confirmation will be sent to this email

AFFILIATION: Check all that apply

Private Academic Resident/Post-Doctoral-Fellow Medical Student Corporate/Pharma

MEETING REGISTRATION RATES

	<u>Through February 15, 2019</u>	<u>Onsite</u>
<input type="checkbox"/> Sustaining/Active MDS Member	\$200.00	\$250.00
<input type="checkbox"/> Affiliate Member	\$300.00	\$350.00
<input type="checkbox"/> Non-Member	\$500.00	\$550.00
<input type="checkbox"/> 1st Year Post Residency and/or Fellow Member	\$100.00	\$150.00
<input type="checkbox"/> Current Dermatology Resident/Fellow	\$ 50.00	\$ 75.00
<input type="checkbox"/> Current Medical Student	\$ 0.00	\$ 25.00

All cancellations must be made in writing no later than Thursday, February 1st. A \$50.00 administrative fee will be charged per registration form refunded. Cancellations after February 2nd will not receive a refund.

SPONSOR A RESIDENT/POST-DOCTORAL FELLOW

Your \$50 donation to the MDS will sponsor two (2) residents/fellows/medical students to attend the Annual Meeting and help offset expenses associated with the MDS Annual Meeting.

YES, I would like to sponsor two (2) of my departments Resident/Post-Doctoral Fellows/Medical Students for \$50.00

NUMBER OF SPONSORS x \$50 _____

MEETING REGISTRATION AND SPONSOR FEES TOTAL \$ _____

PAYMENT METHOD AND INFORMATION

CHECK: Payable to "Medical Dermatology Society" Drawn from a United States Bank in United States Currency

CREDIT CARD: Credit Card Information _____ American Express _____ Master Card _____ Visa _____

Name on Card (please print) _____

Card Number: _____ Expiration: _____ CVV Security Code _____

Signature: _____

Please note when paying by credit card, the transaction line item on your billing statement will show as SID

FORWARD THE COMPLETED REGISTRATION FORM TO THE MDS OFFICE OR REGISTER ON-LINE BY VISITING THE MDS WEBSITE

EMAIL MDS@SIDNET.ORG // FAX: 216.579.9333

MAIL Medical Dermatology Society, 526 Superior Avenue, East, Suite 340, Cleveland, Ohio 44114

WEBSITE <http://www.meddermsociety.org>