



MEDICAL DERMATOLOGY SOCIETY
2022 ANNUAL MEETING REGISTRATION FORM
 Thursday, March 24, 2022
 Boston, Massachusetts

ADVANCED REGISTRATION DEADLINE: FRIDAY, MARCH 12, 2022

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

Until March 12, 2022*

ONSITE

_____ MDS Member	\$200.00	\$250.00
_____ Non-Member	\$500.00	\$550.00
_____ 1 st Year Post Residency and/or Fellow Member	\$100.00	\$150.00
_____ Residents / Post-Doctoral Fellows	\$ 50.00	\$ 75.00
_____ Medical Students	\$ 0.00	\$ 25.00
_____ NUMBER OF SPONSORS x	\$ 50.00	\$ 50.00

Sponsor your departments Residents and/or Post-Doctoral Fellows to attend the MDS Annual Meeting

I have reviewed and agree with the Medical Dermatology Society (MDS) Waiver and Release Disclaimer Statement listed below.

Waiver and Release: *I understand that my participation in the event involves a certain degree of risk of loss, harm or injury to my person or property, including, but not limited to, harm from contracting COVID-19 or other viruses, acts of God, theft, fire, or accident. I also understand and acknowledge that participation in this event is entirely voluntary and that the Medical Dermatology Society (MDS) requires attendees to abide by any applicable rules of conduct or local or state laws that may be announced at any time before or during the event, which may include wearing personal protective gear, engaging in social distancing, agreeing to temperature checks or COVID-19 testing requirements, or providing proof of COVID-19 vaccination status. While the Medical Dermatology Society (MDS) is the sponsor of this event and takes commercially reasonable steps to require the event facility to maintain the venue in a safe and healthy condition, I understand and acknowledge that the MDS has no direct control over and is not responsible for the acts or omissions of the facility or others involved in producing this event. I have carefully considered the risk involved in attending this event and waive and release the MDS and all its officers, directors, employees, staff, volunteers, faculty, and affiliates from all claims, damages, injuries, or expenses that I may incur from my participation in this event.*

*Cancellations after March 12th will not receive a refund.

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: _____



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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>