



MEDICAL DERMATOLOGY SOCIETY
2023 ANNUAL MEETING REGISTRATION FORM
 Thursday, March 16, 2023
 New Orleans, Louisiana

ADVANCED REGISTRATION DEADLINE: FRIDAY, FEBRUARY 24, 2023

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 February 24, 2023*

ONSITE

_____ MDS Member	\$225.00	\$275.00
_____ Non-Member	\$525.00	\$575.00
_____ Affiliate Member	\$325.00	\$375.00
_____ 1 st Year Post Residency and/or Fellow Member	\$125.00	\$175.00
_____ Residents / Post-Doctoral Fellows**	\$ 75.00	\$100.00
_____ Medical Students**	\$ 25.00	\$ 50.00

**Cancellations after February 24th will not receive a refund.*

***Residents, Post-Doctoral Fellows and Medical Students must include a letter from their department verifying their status. Letters must be signed and on official university/institution letterhead.*

Sponsor your departments Medical Students, Residents/Post-Doctoral Fellows to attend the MDS Annual Meeting

_____ NUMBER OF Medical Student Sponsors	\$ 25.00	\$ 50.00
_____ NUMBER OF Resident/Fellow Sponsors	\$ 75.00	\$100.00

If you would like to sponsor a specific attendee, please include their name and email address below and we will reach out to them directly to process their registration:

Name _____ Email Address: _____

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>