



MEDICAL DERMATOLOGY SOCIETY
2024 ANNUAL MEETING REGISTRATION FORM
 Thursday, March 7, 2024
 San Diego, California

ADVANCED REGISTRATION DEADLINE: FRIDAY, FEBRUARY 23, 2024

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 23, 2024*

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 23rd 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 \$ 25.00
 _____ NUMBER OF Resident/Fellow Sponsors \$ 75.00 \$ 75.00

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: _____

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



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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>