



MEDICAL DERMATOLOGY SOCIETY Corporate Sponsorship

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PAYMENT INFORMATION

- Check/Money Order Payable to the "Medical Dermatology Society" in US Currency and Drawn from a US Bank
- Credit Card Information _____ American Express _____ Master Card _____ Visa
- Total Amount Authorized \$ _____

Name on Card (please print) _____

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THIS COMPLETED FORM WITH PAYMENT CAN BE SUBMITTED VIA ONE OF THE SUGGESTED METHODS

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

Email mds@sidnet.org

THANK YOU FOR YOUR SUPPORT OF THE MEDICAL DERMATOLOGY SOCIETY!

