

Mastery of Lasers for Optimal Patient Outcomes

ASDS

Registration Application

LIMITED TO 50 PARTICIPANTS PER COURSE – APPLY TODAY!

Please complete the information requested on this application and return it with your full payment to the address indicated. Note that this is an application for registration. Participation will be confirmed on a first-come, first-served basis, upon verification of pre-requisites and space availability.

PLEASE PRINT:

Dermatologic Surgery Board Certification Year: _____

Residency Training Year: _____ Location: _____

Please enclose a copy of your medical license.

Institution: _____

Describe your current medical practice: _____

CONTACT INFORMATION:

FIRST _____ MI _____ LAST _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

DATE & LOCATION:

Washington, DC (11DC)
April 14-15, 2012

REGISTRATION CATEGORY:

- Residents/Fellows – R..... \$229
 ASDS Members – M \$739
 Non-Member Dermatologic
Surgeons – B..... \$1,039

PRE-REQUISITES FOR PARTICIPATION:

Physicians who wish to participate in procedural courses sponsored by the ASDS will be required to demonstrate the following prerequisites:

1. Residency training and/or Board Certification by the American Board of Dermatology or the American Osteopathic Board of Dermatology
2. Current state medical license (or international equivalency)
3. Medical practice which is focused on dermatologic and/or cosmetic surgery and provides, on a regular basis, treatment and procedures for rejuvenation of the aging face

Payment Information

You may pay by **check** or **credit card**. Please indicate below:

Check Visa MasterCard American Express

CREDIT CARD # _____ EXP DATE _____

NAME ON CARD (PRINT) _____

AUTHORIZED SIGNATURE _____

TOTAL AMOUNT: \$

BY CHECK:

Send checks payable to:

ASDS

3621 Solutions Center
Chicago, IL 60677-3006

BY CREDIT CARD:

Fax completed form to **847-956-0999**