

PRE-REGISTRATION FORM



PLEASE COMPLETE A SEPARATE FORM FOR EVERY REGISTRANT — BE CERTAIN TO PRINT CLEARLY:

Name _____ Member ID# _____

Address _____

City _____ State/Region _____ Zip Code _____ Country _____

Phone _____ Fax _____ Email _____

Please indicate how you would like your name to read on your badge: _____

I would like to participate as a Program Evaluator: Yes No I am a member of ASDS ASCDAS Both

IN CASE OF AN EMERGENCY PLEASE CONTACT:

Name _____ Relationship _____

Phone _____ Fax _____ Email _____

INDICATE REGISTRATION CATEGORY & FEES

	Before Sept 22	After Sept 22
<input type="checkbox"/> 01: ASDS/ASCDAS Members (10AMM)	\$700	\$750
<input type="checkbox"/> 02: Residents (no more than 6 mos from graduation date) / Fellows in Training (10AMR)	\$250	\$300
<input type="checkbox"/> 03: Life Members (10AMLF)	\$175	\$225
<input type="checkbox"/> 04: Non-Member Dermatologists (10AMN) (Please refer to the Non-Member Eligibility Requirements on page 8. A letter of sponsorship from an ASDS member must accompany the registration application)	\$1475	\$1575
<input type="checkbox"/> 05: Surgical Assistants (10AMSA) (Includes admission to non-cosmetic sessions, exhibit hall and receptions) Sponsoring Registered Physician's Name: _____	\$250	\$300
<input type="checkbox"/> 06: Office Staff (10AMOS) (Includes admission to practice management sessions, exhibit hall and receptions) Sponsoring Registered Physician's Name: _____	\$200	\$250
<input type="checkbox"/> 07: Guest (10AMGST) Name _____ (Includes admission to exhibit hall and receptions; no scientific sessions. Only <u>registered guests</u> are permitted into the annual meeting exhibit hall and receptions.)	\$200	\$250
SUB-TOTAL MAIN REGISTRATION FEES		\$ _____

SPECIAL OFFERS / SOCIAL EVENTS / TOURS

- 08: **Annual Meeting Recordings Package** \$ _____
Members/Residents/Life (10AMRM) \$129/ Non-members (10AMRNM) \$179 (See ad on page 18 for details)
- 09: **A Flight with the Masters: Tasting Wine with Your Brain** (10WT) No. of Tickets _____ @ \$125 \$ _____
Saturday, October 23, 6:15 pm - 7:15 pm
- 10: **ASDS 5th Annual Fundraising Gala Reception and Dinner** (10GALA) No. of Tickets _____ @ \$125 \$ _____
Saturday, October 23, 7:00 pm - 12:00 am Please provide the name(s) of the person(s) attending.
Note: Stegman Circle member donors receive two complimentary tickets to the Gala.
The member and guest name provided will be assigned the complimentary tickets unless otherwise specified.

PRE-CONFERENCE COURSES

- 11: **Wednesday, October 20, 8:00 am - 3:00 pm** (continental breakfast and lunch is included; registration is required)
Pre-Conference Course: Money Management and Retirement Planning: Working Now for the Future You Desire
 Member (10PMCM) \$400 Resident/Office Staff (10PMCR) \$200 Non-Member (10PMCN) \$750 \$ _____
- 12: **Wednesday, September 30, 12:00 pm - 5:15 pm**
Residents/Fellows-in-Training/Young Dermatologic Surgeons Symposium (10AMRS)
(Residents, Fellows-in-training and Young Dermatologic Surgeons; lunch included; registration is required) Fee: \$75 \$ _____

SPECIAL LUNCHEON / NETWORKING SESSIONS

- 13: **Industry Reception/Mini-exhibit Hall for Residents/Fellows-in-Training/Young Dermatologic Surgeons** (10IRR)
Wednesday, October 20 5:15 - 6:15 pm (no fee)
- 14: **Research Lunch Session: The Article I Learned the Most from this Year** (RSCH10) No. of Tickets _____ @ \$25 \$ _____
Thursday, October 21 12:30 - 2:00 pm (Lunch is provided; registration is required)
- 15: **Residents Luncheon** (10RSLNCH)
Thursday, October 21 12:30 - 2:00 pm (Residents/Fellows-in-training ONLY, No fee; registration is required)

SUBTOTAL THIS PAGE (carry over to second page) \$ _____

