

2020 ASDS Virtual Annual Meeting Registration Form Complete a separate form for every registrant – Print clearly

Attendee Name			ASDS Member ID#		
Address NOTE: Exh	nibitors will receive attendee mailing address	ses – use your preferred business add	dress rather than your home addr	ess.	
City	State / Region	Postal Code		Country	
Phone (include country code outside U.S.)		Mobile (inc	Mobile (include country code outside U.S.)		
Email (for ASDS comm	nunication only)	Fax (includ	le country code outside U.S.)		
Home Address	NOTE: This is where your meeting kit will b	e sent for registrations received on or	before Wednesday, Sept. 16.		
City	State / Region	Po	stal Code Count	ry	
Payment Inform	mation (U.S. dollars)				
Full payment is du	ue upon registration.		Providence of manifold that it is	AODO Assessi Maretines	
TOTAL MEETING FEE: \$		_	By virtue of registration, ASDS Annual Meeting attendees agree to abide by the Meeting Policies and Code of Conduct, and that images captured by ASDS will be utilized in future meeting promotions.		
CREDIT CARD	S: Fax completed forms to 847	-956-0999			
	And Cord #		American Society for	<u>Checks</u> payable in U.S. dollars to: American Society for Dermatologic Surgery 5550 Meadowbrook Drive, Suite 120 Rolling Meadows, IL 60008-3805	
=	ion Date Billing Address ZIP Rolling Meadow				
Authorized Signat	ture	CVV			
Meeting Registration Categories				Fee	
ASDS Members (includes Adjunct, Associate, Corresponding Fellow, Fellow, Honorary Affiliate, and Honorary Fellow)				\$399	
Non-member Dermatologists Proof of board certification from the American Board of Dermatology, the Osteopathic Board of Dermatology, the Royal College of Physicians and Surgeons of Canada or the international equivalent must accompany your registration.				\$499	
Residents Includes Graduating Class of 2020. Resident Scholarships are available - inquire via email to membership@asds.net.				\$289	
Life Corresponding Fellows, Life Fellows, Life Pending and Online Corresponding Fellow				\$289	
Medical Student Letter from your medical school dean must accompany your registration.				\$109	
ADAM Members, Administrative Staff, Clinical Staff and Surgical Assistants Employing Dermatologist's Name				\$ 75	
Friday, Oct.11 4 – 5 p.m.	ADVANCED SIGN-UP REQUES Pearls with Peers RoundTable (Residents in final year / Graduating 2)		years post residency only)	O Yes, I will attend this session	