


**Registration Application**  
**Masters Circuit: Advanced Aesthetics and Lasers**  
**March 23 - 24, 2018 • Salt Lake City, Utah**

**Please complete a separate form for each attendee** and return it with your full payment to the address indicated. Participation will be confirmed on a first-come, first-registered basis, upon verification of prerequisites and space availability.

Attendee Name		ASDS Member ID#	
Practice / Institution Name			
Practice / Institution Address			
City	Province/State	Postal Code	Country
Phone (include country code outside U.S.)		Fax (include country code)	
Email (for ASDS communication only)			

  **ADA / SPECIAL ASSISTANCE.** For accessibility requirements, food allergies, or strict dietary restrictions please email [lmikita@asds.net](mailto:lmikita@asds.net).

Master Circuit Registration Fee	BEFORE March 1, 2018	ON or after March 1, 2018
<input type="checkbox"/> ASDS Member	\$879	\$979
<input type="checkbox"/> Non-Member Dermatologist	\$1279	\$1379
<input type="checkbox"/> Resident / Fellow-in-Training* <span style="color: red;">Call (847) 956-0900 for space availability</span>	\$479	\$479
<b>Please write total (U.S. dollars):</b>		

\* Residents and Fellows-in-Training must register by phone to determine if openings are available.

How did you hear about this course?

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**Prerequisites for participation**

- **ASDS Member and non-member dermatologists:** Must be actively practicing/employed full-time by a medical entity that is focused on dermatologic surgery.
- **Non-Member dermatologists:** Provide copy of certification in dermatology by the American Board of Dermatology, the Royal College of Physicians and Surgeons of Canada, the American Osteopathic Board of Dermatology or international equivalent, including the year certified.
- **Fellows-in-Training:** Provide a letter confirming enrollment in and type of dermatology fellowship if not already on file with ASDS.
- **Residents:** Must be in an ACGME-approved dermatology program.

Do not make airline reservations prior to receiving a letter of confirmation.

Visit [asds.net/MastersCircuit](http://asds.net/MastersCircuit) for hotel information.

**For questions, please call 847-956-0900**  
(8:30 am - 5:00 pm CT)

**Payment Information (U.S. dollars only)**

Full payment is due upon application submission. Refunds, less a \$100 administrative fee, will be allowed for cancellations received at ASDS in writing thirty or more days before the scheduled course. After that date, no refunds will be permitted.

CREDIT CARDS FAX completed form to: 1-847-956-0999	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card #	Exp. Date
Name on Card (print)	Billing ZIP
Authorized Signature	

CHECKS (*Allow 7 additional business days for processing.*)

Send checks payable in U.S. dollars to:  
American Society for  
Dermatologic Surgery  
5550 Meadowbrook Drive  
Suite 120  
Rolling Meadows, IL USA  
60008-3805