

# ASDS Resident Scholarship and Registration Application



COSMETIC AND RECONSTRUCTIVE EXPERTISE  
FOR YOUR skin health and beauty<sup>SM</sup>

## Premier Annual Resident Cosmetic Symposium

April 20-22, 2018 • Dallas, Texas

[asds.net/Resident-Symposium](http://asds.net/Resident-Symposium)

Please complete a separate form for each applicant and return it with your full payment and supporting documentation.

- ASDS scholarships up to \$600 will be awarded to 100 dermatology resident applicants. **Eligibility:** ASDS dermatology resident in an ACGME-approved dermatology training program.
- A maximum of two residents from any dermatology residency program receive priority in first round deadline of Jan. 31, 2018.
- A letter from your surgical director recommending that you attend this course and registration payment of \$279 is required to process your application.**
- Registration fee of \$279 includes the following meals / functions: Cocktail receptions on both nights, breakfast, lunch and networking dinner on Saturday, and continental breakfast on Sunday. This fee is reimbursed from the scholarship award.
- After the course, the scholarship recipients must submit:
  - A completed ASDS Expense Report documenting approved expenses: Registration fee, ASDS course hotel room at negotiated room rate, and direct travel expenses.
  - Expense Receipts (Westin Dallas Fort Worth Airport hotel invoice; transportation to and from airport; airline; local mileage reimbursed at 53.5 cents per mile).
  - Essay (in 200 words or less) describing how the course benefitted their dermatology career.
  - Expense reports, receipts, and essays must be submitted to ASDS by May 15, 2018, for reimbursement.
- Should you cancel, the cancellation policy listed below will apply.

### Please type or print clearly – all fields required:

Resident Name		ASDS Member ID#	
Dermatology Residency Year		Surgical Director	
Institution / Practice Name			
Institution / Practice Address			
City	State / Region	ZIP Code	Country
Phone		Email (for ASDS communication only)	

### 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 30 or more days before the scheduled course. After that date, no refunds will be permitted.

#### \$279 Residents

Check (Mail to ASDS. Allow seven additional business days for processing.)

Visa    MasterCard    American Express    Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card (print) \_\_\_\_\_ Billing ZIP \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Submit this form with letter from your surgical director via mail, fax or email to:**

Tracy Farhan  
American Society for  
Dermatologic Surgery  
5550 Meadowbrook Drive  
Suite 120  
Rolling Meadows, IL 60008  
**Telephone:** 847-956-0900  
**Fax:** 847-956-0999  
**Email:** [tfarhan@asds.net](mailto:tfarhan@asds.net)

ADA / SPECIAL ASSISTANCE. Check if you require assistance to fully participate in the meeting. An ASDS staff member will contact you prior to the course date.