

# REGISTRATION FORM

## PERSONAL INFORMATION

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Degree \_\_\_\_\_ Title \_\_\_\_\_  
 Department \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

## AFFILIATION (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Academic             | <input type="checkbox"/> Resident                   |
| <input type="checkbox"/> JSID Member          | <input type="checkbox"/> Government                 |
| <input type="checkbox"/> Post-Doctoral Fellow | <input type="checkbox"/> ESDR Member                |
| <input type="checkbox"/> Industry             | <input type="checkbox"/> Student                    |
| <input type="checkbox"/> Private Practice     | <input type="checkbox"/> Coalition of Skin Diseases |
| <input type="checkbox"/> Advocacy/NonProfit   | <input type="checkbox"/> Other                      |

First-time Attendee?  Yes  No

## CME CREDITS

- I plan to claim CME credits for my participation at this meeting.

## SPECIAL SERVICES

- Check here, if under the Americans with Disabilities Act you require accommodations in order to attend. You will be contacted by the SID.

## PHOTOGRAPHY/VIDEO POLICY

Any photography, filming, taping, recording, or reproduction in any medium of any of the programs, exhibits or lectures presented at the IID 2018 is strictly prohibited. Failure to comply with this policy may lead to the removal of your meeting credentials.

- I agree to adhere to the Photography/Video Policy listed above.

## MEETING PROGRAM BOOK

- Go Green! I opt out of receiving a printed program onsite. Online version will be available.

### SUBMIT PAYMENT & FORMS TO:

Society for Investigative Dermatology  
 526 Superior Avenue East, Suite 340  
 Cleveland, OH 44114

Email: sid@sidnet.org

Fax: 216.579.9333

# IID 2018

International Investigative Dermatology

## REGISTRATION FEES

CATEGORY:	ON/BEFORE 3/18/18	ON/BEFORE 4/29/18	ONSITE
ESDR/JSID/SID Member *	<input type="checkbox"/> \$605	<input type="checkbox"/> \$705	<input type="checkbox"/> \$805
Non-Member	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1200	<input type="checkbox"/> \$1400
Social Event** (May 17, 8:30 - 11:30 pm)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
Welcome Reception Companion	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50

## TRAINEE CATEGORIES \*\*\*

Resident/Post-Doc Member*	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500
Resident/Post-Doc Non-Member	<input type="checkbox"/> \$400	<input type="checkbox"/> \$450	<input type="checkbox"/> \$500
Student	<input type="checkbox"/> \$150	<input type="checkbox"/> \$200	<input type="checkbox"/> \$200
Social Event** (May 17, 8:30 - 11:30 pm)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50
Young Investigator Collegiality Pool Party (space is limited) (Friday, May 18 6:30-9:30 pm)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25

\*Active membership status will be verified shortly after registration

\*\*Social Event tickets will be limited to 4 tickets per person and available while space permits (only 2,000 tickets will be sold).

\*\*\*Non-Member Residents, Post-Doctoral Fellows and Pre-Doctoral Students must mail or fax to the SID office a letter from their department verifying their status. Letters must be signed and on official university/institution letterhead.

All cancellations and changes to IID 2018 registration must be made in writing to the SID office, by March 30, 2018. Cancellations made after March 30, 2018 will not receive a refund. No exceptions can be made. Refunds are issued after the meeting, less a \$100 administrative fee.

Please enter the total fee enclosed. \$ \_\_\_\_\_

Registration classification is subject to SID approval.

## PAYMENT INFORMATION

Enclose a check in US dollars drawn on a US bank made payable to the SID, or supply credit card information below.

Total: \$ \_\_\_\_\_ Check#: \_\_\_\_\_

Payment by check saves the SID 5% credit card processing fees.

- Visa  Mastercard  American Express

Card #: \_\_\_\_\_

CVV\* \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

\*Security Code

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

Name on Card \_\_\_\_\_

Billing Address for Card (if different from above)

\_\_\_\_\_  
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