

Illinois Dermatological Society EXHIBITOR REGISTRATION/CORPORATE SPONSOR FORM PRACTICE MANAGEMENT WORKSHOP

Please provide the information requested below and return to:
 Illinois Dermatological Society ❖ Richard H. Paul, executive director
 10 W. Phillip Rd., Suite 120 ❖ Vernon Hills, IL 60061-1730
 Fax: 847/680-1682 ❖ Telephone: 847/680-1666 ❖ E-mail: Rich@RichardPaulAssociates.com

CDS Tax ID# - 37-1042921

Company name	
Contact person	
Address	
City/State/Zip	
Telephone	
Fax	
Email	
Important: Include the name(s) and addresses of your company representatives who will be attending the meeting. (Use additional sheets if you need more room).	
Representative(s) attending enter names here →	
Representative's_email	

Please check the appropriate box(es) below:

- Silver Level** \$1,650
Standard tabletop display; recognition of participation in the meeting materials; and a list of all attendees
- Gold Level** \$5,000
Tabletop display in prime location near registration/lecture hall door; recognition of participation at Gold level in meeting materials; recognition on the IDS website homepage; banner ad in the next IDS newsletter; one marketing piece (brochure or flier) in the meeting packet; and a list of all attendees
- Platinum Level** \$10,000
Expanded display space in the best location available in the exhibit area; prominent recognition at the Platinum level in meeting materials; special recognition on the IDS website; banner ad in the next two IDS newsletters; marketing piece (brochure or flier) in the meeting packet; and a list of all attendees.

Total amount of payment \$ _____

Form of payment: Check (payable to "Illinois Dermatological Society") Visa MasterCard Amex

Credit Card #		Exp. Date	
	Security Code (3 or 4 digits)		

Name on card: _____
 Signature _____
 Billing address (if different from above): _____