



Practice Management Conference - 2017 REGISTRATION FORM

Please complete the registration form below and return with your registration fee to:

*Illinois Dermatological Society
10 W. Phillip Rd., Suite 120, Vernon Hills, IL 60061-1730*

If paying by credit card, you may fax your form to: 847/680-1682

Sponsoring Dermatologist's name → <i>(MUST be included)</i>	
Office Address →	
Office Contact Information →	<i>Phone:</i> _____ <i>Fax:</i> _____ <i>Email:</i> _____

REGISTRATION & FEES

If you need more space, copy this form and attach. Individual fees may be combined into one check.

IDS Member/Staff = \$75 Non-member physician/staff = \$150 Resident/fellow = \$0

<u>Attendee's Name</u>	<u>Status (check one)</u>	<u>Registration fee</u>
_____	<input type="checkbox"/> IDS member/staff <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Non-member physician/staff	\$ _____
_____	<input type="checkbox"/> IDS member/staff <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Non-member physician/staff	_____
_____	<input type="checkbox"/> IDS member/staff <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Non-member physician/staff	_____
_____	<input type="checkbox"/> IDS member/staff <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Non-member physician/staff	_____

Total registration fee enclosed <i>Make your check payable to the "Illinois Dermatological Society"</i>	<p style="text-align: center;">\$ _____</p> <p style="text-align: center;"><i>Form of payment:</i> <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express</p>
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