



Practice Management Workshop - 2015 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 <i>(Address/City/State/Zip)</i>	
Office Contact Information	Phone: _____ Fax: _____ Email: _____

REGISTRATION & FEES

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

IDS Member rate (physicians & non-physician staff)	\$75
Non-member (physicians & non-physician staff)	\$150
Resident/fellow	No charge

<u>Attendee's Name/Degree</u>	<u>Status (check one)</u>	<u>Registration fee</u>
_____	<input type="checkbox"/> IDS member <input type="checkbox"/> Non-member <input type="checkbox"/> Resident/Fellow	\$ _____
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Total registration fee enclosed <i>Make your check payable to the "Illinois Dermatological Society"</i>	\$ _____ <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
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