

Practice Management Conference - 2016 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

You may complete this form on your computer and print it out, or fill out by hand.

Sponsoring Dermatologist's name → (MUST be included)		
Office Address →		
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/Staff = \$75 Non-member physician/staff = \$150 Resident/fellow = \$0		
Attendee's Name	Status (check one) □ IDS member/staff □ Resident/Fellow □ Non-member physician/staff	Registration fee
	□ IDS member/staff □ Resident/Fellow □ Non-member physician/staff	
	□ IDS member/staff □ Resident/Fellow □ Non-member physician/staff	
	 IDS member/staff Resident/Fellow Non-member physician/staff 	
Total registration fee enclosed Make your check payable to the "Illinois Dermatological Society"	\$ Form of payment: □ Check □ Visa □ MasterCard □ Discover □ American Express	
Credit Card #	Exp. Date / Security Code (3 or 4 digits)	
Signature:		
Name on card:		
Billing address (if different than above):		