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

Please provide the information requested below and return to: Illinois Dermatological Society A 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	
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Important: Include the name(s) and addresses sheets if you need more room).	es of your company representatives who will be attending the meeting. ( <u>Use additional</u>
Representative(s) attending enter names here →	
Representative's_email	
Exhibit Table – \$1,750 Exhibit space	∍ will be a 6-foot table-top display.
Total amount of payment	\$
Form of payment: ☐ Check (payab	le to "Illinois Dermatological Society") □ Visa □ MasterCard □ Amex
Credit Card #	
	Security Code (3 or 4 digits)
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Register online at: www.IllinoisDermSociety.org