

## Practice Management Conference - 2019 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 → (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 = \$25 Non-member physician/staff = \$50 Resident/fellow = \$0	
Attendee's Name	Status (check one) ☐ IDS member/staff ☐ Resident/Fellow ☐ Non-member physician/staff  Registration fee  **Registration fee**  **Registration fee**  **Registration fee**  **Registration fee**  **Property of the property of
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Total registration fee enclosed	\$  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):	