Illinois Dermatological Society

EXHIBITOR REGISTRATION/CORPORATE SPONSOR FORM

2020 PRACTICE MANAGEMENT & CODING WORKSHOP

Please provide the information requested below and return to:

Illinois Dermatological Society ❖ 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

Print

Save/Email

IDS Tax ID# - 37-1042921

Company name	
Contact person	
Address	
City/State/Zip	
Telephone	
Fax	
Email	
Important: *Include the name(s) and addresses of your company representatives who will be attending the meeting. (Use additional sheets if you need more room).*	
Representative(s) attending enter names here ➜	
Representative's_ email	

Exhibit Table – $1,750 (one-time exhibitor; $1,500 if participtating in at least 3 CDS or IDS meetings

Total amount of payment . . . . . $ _____

Form of payment: ☐ Check (payable to "Illinois Dermatological Society") ☐ Visa ☐ MasterCard ☐ Amex

Credit Card # | | | | | | | | | | | | | | | | Exp. Date | | | / | | |

Security Code (3 or 4 digits) | | | | |

Name on card: _____

Signature _____

Billing address (if different from above): _____

Register online at: www.IllinoisDermSociety.org