



Practice Management Conference - 2018 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 → <i>(MUST be included)</i>	
Office Address →	
County where you are located →	
Office Contact Information →	Phone: _____ Fax: _____ Email: _____

REGISTRATION & FEES

Fee for each webcast log-in is \$75
For each log-in requested, please enter the contact person's name and email address where the log-in link should be sent.

<u>Contact Person's Name</u>	<u>Email address</u>	<u>Registration fee</u>
_____	-----	\$ _____
_____	-----	_____
_____	-----	_____
_____	-----	_____

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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