



Practice Management Conference - 2020 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 → <i>(MUST be included)</i>		
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

<u>Attendee's Name</u>	<u>Status (check one)</u>	<u>Registration fee</u>
_____	<input type="checkbox"/> IDS member/staff <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Non-member physician/staff	\$ _____
_____	<input type="checkbox"/> IDS member/staff <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Non-member physician/staff	_____
_____	<input type="checkbox"/> IDS member/staff <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Non-member physician/staff	_____
_____	<input type="checkbox"/> IDS member/staff <input type="checkbox"/> Resident/Fellow <input type="checkbox"/> Non-member physician/staff	_____

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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Credit Card #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Exp. Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Security Code (3 or 4 digits)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature: _____					
Name on card: _____					
Billing address (if different than above): _____					