



REGISTRATION FORM 2010 WINTER CLINICAL DERMATOLOGY CONFERENCE-HAWAII @ JANUARY 23-28, 2010 GRAND HYATT KAUAI, KOLOA, HAWAII

As enrollment is limited, we recommend that you register early. Registrations will be accepted on a first-received basis.

(Please type or print clearly)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Degree (check one)  MD  DO  PA  NP  Other \_\_\_\_\_

Specialty (check one)  Dermatology  Other \_\_\_\_\_

Practice Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Guest name (s) (if applicable) Guests are allowed to attend the evening dinners associated with the Winter Clinical Dermatology Conference-Hawaii®, but they are not allowed to attend any of the other conference meals, sessions, meetings or workshops. A \$150 fee per guest will be charged to your registration.

Guest 1 \_\_\_\_\_

Guest 2 \_\_\_\_\_

Children name(s) & age(s) (if applicable)

Child 1 \_\_\_\_\_ Age \_\_\_\_\_

Child 2 \_\_\_\_\_ Age \_\_\_\_\_

CANCELLATION POLICY Notification of cancellation must be received in writing. Cancellations before November 15, 2009 are refundable, less a \$100 processing fee. Cancellations received after November 15, 2009 are nonrefundable. Substitutions will be accepted only with written authorization from the original registrant. The Foundation for Research and Education in Dermatology, Conference Services, Inc or MBD is not responsible for nonrefundable, nontransferable airline tickets or hotel accommodations purchased for attendance at this course.

TUITION SCHEDULE

Table with 3 columns: Category, Early-Bird Special Postmark On or Before 9/15/2009, and Online Registration or Postmarked After 9/15/2009. Rows include Physicians, Residents/Fellow\*, Physician Assistants/NPs\*\*, Spouses/Guest, Children 0-4, Children 5-11, Children 12-17, Camp Hyatt, Pre-Meeting Dermatopathology Session, Saturday, January 23, 2010.

\* Registration must be accompanied by a letter from the Chief of Service stating that the applicant is a fellow or resident in a full-time training program. Please fax this information to 586-784-9527.

\*\* Eligibility for this course for PAs and NPs is contingent upon proof of employment as a PA or NP under the supervision of a licensed board-certified or board-eligible dermatologist. Please fax the information below to 586-784-9527.

The above registrant is employed by me as a (check one)  physician assistant or  nurse practitioner in the practice of dermatology. I am a licensed board-certified or board-eligible dermatologist..

Signed \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Payment Method:  Visa  MasterCard  American Express  Discover  Check

Amount to be charged \$ \_\_\_\_\_

PLEASE NOTE: If you chose to pay with a credit card, your billing statement will reflect a charge from "Meetings By Design" for your registration payment.

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Credit card security code \_\_\_\_\_

I agree to pay the above amount according to credit card issuer agreement.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Fax this form to: 586-784-9527, or,

Make checks payable to: Meetings by Design., and mail to:

Conference Services, Inc. 22555 W. Main Street Armada, MI 48005 Phone: 877-421-5606 Fax: 586-784-9527 Email: Donna@MBD-Online.com