



**REGISTRATION FORM 2010 FALL CLINICAL
DERMATOLOGY CONFERENCE
OCTOBER 8-11, 2010
ENCORE at the WYNN, LAS VEGAS, NV**

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 _____

Country _____

Phone _____ Fax _____

Email address _____

Guest name (s) (if applicable) *Guests are allowed to attend the evening dinners associated with the Fall Clinical Dermatology Conference, 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 _____

CANCELLATION POLICY Notification of cancellation must be received in writing. Cancellations before September 1, 2010 are refundable, less a \$50 processing fee. Attendee cancellations, guest fees and DermPath Session fees received after September 1, 2010 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 Meetings by Design Inc. are not responsible for nonrefundable, nontransferable airline tickets or hotel accommodations purchased for attendance at this course.

TUITION SCHEDULE

	EARLY-BIRD SPECIAL ON OR BEFORE 6/30/10	AFTER 6/30/10
PHYSICIANS	\$250	\$350
RESIDENTS/FELLOWS*	\$100	\$175
PAs/NPs**	\$225	\$300
SPOUSES/GUESTS	\$150	\$150
PRE-MEETING DERMATOPATHOLOGY SESSION, THURSDAY, OCTOBER 8, 2010	\$25***	\$50***
***Tuition for this session is non-refundable. (Pre-meeting open to physicians only. Pre meeting attendance is limited to 100 participants.)		

* 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 dermatology 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 choose 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, Inc.*, and mail to:

Meetings by Design, Inc.
22555 W. Main Street
Armada, MI 48005

Phone: 877-421-5606 Fax: 586-784-9527 Email: Donna@MBD-Online.com

