CDS Monthly Meetings -- 2009/2010

Chicago Dermatological Society
10 W. Phillip Rd., Suite 120 ❖ Vernon Hills, IL 60061-1730
Phone: (847) 680-1666 ❖ *Fax:* (847) 680-1682 ❖ *Web:* www.ChicagoDerm.org

REGISTRATION FORM

Please check the appropriate box for the meeting you are attending:

Print

- ☐ October 2009
- ☐ November 2009
- ☐ December 2009
- ☐ February 2010
- ☐ April 2010
- ☐ May 2010
- ☐ June 2010

Please review the pre-printed information below and return to the CDS administrative office. Advance registration is required. If you are not a member of CDS (or if you are bringing a guest), the fee is $25. There is no fee for residents and fellows in training. All guests must pre-register. If a fee is owed, make your check payable to the "Chicago Dermatological Society" and enclose with your registration, or enter your credit card number in the space provided below. If no fees are owed, fax your form to: 847/680-1682.

Member in good standing	$ -0-
Pending applicants	$ -0-
Retired/Non-member/Guest . . .	$25
Resident or Fellow	$ -0-

PLEASE COMPLETE A SEPARATE REGISTRATION FORM FOR EACH INDIVIDUAL

GUEST Name _____

MEMBER Name _____

Practice (if mailing to an office): _____

Mailing address _____

City _____ State _____ Zip _____

Office phone _____ Fax _____

E-mail address: _____

Total payment enclosed . . . . . _____

Form of payment: ☐ Check ☐ Visa ☐ MasterCard ☐ Discover

Credit card payments

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

Security Code (on back of card) | | | |

Name on card: _____

Signature _____

Credit card billing address (if different from above): _____

Billing address city/state/zip: _____