CDS Monthly Meetings -- 2017/2018

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:

- □ Sept. 2017 Loyola (at Rosemont)
- □ Oct. 2017 UIC (at Gleacher Center)
- □ Nov. 2017 Northwestern (at Gleacher Center)
- □ Dec. 2017 U of C (at Gleacher Center)
- □ April 2018 Stroger (at Gleacher Center)
- □ May 2018 Rush University (at Gleacher Center)
- □ June 2018 CDS/IDS Joint Conference (at Rosemont)

Please return this form to the CDS administrative office. **Advance registration is required for all attendees.** Physicians who are not members of CDS may attend as a guest one time; the fee is $35. There is no fee for Chicago area dermatology residents and post-residency fellows in training*. 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 or credit card payments, fax your form to: 847/680-1682.

Member in good standing	$ -0-
Pending applicants	$ -0-
Non-member guest	$35
Med student sponsored by dept . . .	$ -0-

**Other residents may register as a guest*

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 ❑ Amex

Credit card payments

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

Security Code (3 or 4 digits) | | | | |

Name on card: _____

Signature _____

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

Billing address city/state/zip: _____