



**PERSONAL INFORMATION**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Degree \_\_\_\_\_ Title \_\_\_\_\_  
 Department \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

**Affiliation (Check all that apply):**

Academic     Resident     JSID Member  
 Government     Post-doc Fellow     ESDR Member  
 Industry     Student     Private Practice  
 Coalition of Skin Disease  
 First-time Attendee?  Yes     No

**Special Services**

I require special services in accordance with the Americans with Disabilities Act: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Photography/Video Policy**

Any photography, filming, taping, recording, or reproduction in any medium of any of the programs, exhibits, or lectures presented at the 2012 SID Annual Meeting is strictly prohibited. Failure to comply with this policy may lead to the removal of your meeting credentials.

I agree to adhere to the Photography/Video Policy listed above.

**Submit payment & forms to:**

Society for Investigative Dermatology  
 526 Superior Avenue East, Suite 540  
 Cleveland, OH 44114

Or fax to 216-579-9333

**REGISTRATION FEES**

Registration Category	On or Before 3/16/12	After 3/16/12
<input type="checkbox"/> SID Member	\$525	\$575
<input type="checkbox"/> Non-Member	\$800	\$850
<input type="checkbox"/> Resident/Post-Doc Fellow*	\$300	\$350
<input type="checkbox"/> Student (Pre-MD/PhD)*	\$150	\$150
<input type="checkbox"/> Companion	\$150	\$150

\* To receive subsidized rates, residents, post-doc fellows and students must mail or fax to the SID office a letter from their department chair or program director verifying their status. Letters must be signed and on official university/institution letterhead. Registration will not be processed until all documentation is received. If registering on-site, please bring the required documentation, or you will be charged regular on-site non-member or member rates.

**EDUCATIONAL TRACKS**

Track Options	Fee
<input type="checkbox"/> Clinical Scholars Track	FREE
<input type="checkbox"/> Young Investigator and Trainee Track	FREE

**EVENTS**

Event	Fee
<input type="checkbox"/> Welcome Reception	FREE
<input type="checkbox"/> Trainee Dinner (formerly the Resident/Fellow Dinner Session) <i>Open to all residents and post docs</i>	\$50
<input type="checkbox"/> Social Event - General Ticket	\$75
<input type="checkbox"/> Social Event - Resident/Post-Doc/Student Ticket*	\$50

\* To receive the subsidized price, residents, post-doc fellows and students must mail or fax to the SID office a letter from their department chair or program director verifying their status. Letters must be signed and on official university/institution letterhead. Ticket purchases will not be processed until all documentation is received. If purchasing tickets on-site, please bring the required documentation, or you will be charged general ticket prices.

**PAYMENT INFORMATION**

Enclose a check in US dollars drawn on a US bank made payable to the SID, or supply credit card information below.

Total: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

*Payment by check saves the SID 5% credit card processing fees.*

Visa    Mastercard    American Express

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

CVV\* \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
\*Three-digit security code on back of card

Authorized Signature \_\_\_\_\_

Name on Card \_\_\_\_\_