The Society for Pediatric Dermatology

26th Annual Pre-American Academy of Dermatology Meeting
Thursday, March 20, 2014 • Denver, CO USA

Name *(include credentials)* _____ Nickname for Badge _____

Hospital, University or Clinic Affiliation (to be listed on badge) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

REGISTRATION (Pre-registration deadline is March 13, 2014)

	Through 2/19/14	2/20/14-3/13/14	Onsite	
Member	**$100**	**$120**	**$140**	**$** _____
Non-Member	**$140**	**$160**	**$180**	**$** _____
Resident/Fellow	**$ 50**	**$ 60**	**$ 70**	**$** _____

(Residents/Fellows must include letter of verification from program director with registration in order to qualify for the Resident/Fellow rate for meeting and dinner. If no letter is included, you will be charged the member rate.)

SPEAKER HANDOUTS

Please provide to me via (choose one only):

☐ **USB Drive**
☐ **Printed Program**

DINNER

Dinner at History Colorado Center, 6:00 pm - 9:00 pm, Thursday, March 20
Tickets include meal, gratuity and one drink ticket. Cash bar available. Dinner tickets will be $70 per person on-site if still available.

$60 per person (through 2/19/14)	# attending _____	$ _____
$65 per person (through 3/13/14)	# attending _____	$ _____
$70 per person (on-site if still available)	# attending _____	$ _____
$30 per person - Resident/Fellow	# attending _____	$ _____
$30 per child (12 and under)	# of children _____	$ _____

RESIDENT/FELLOW RECEPTION

Friday, March 21
5:00 pm – 7:00 pm

☐ I will attend

Note: There is no charge for this reception.

Total Payment (Registration & Dinner) $ _____

**Cancellations received before February 27 will be subject to a 50% cancellation fee. There will be no refunds after February 27, 2014.*

PAYMENT

Payment may be made by check by a U.S. Bank in U.S. Funds, payable to the Society for Pediatric Dermatology. Alternatively, you may charge your registration/dinner with a VISA, MasterCard or AMEX and fax to (317) 205-9481.

☐ Check # _____ ☐ Visa ☐ MasterCard ☐ AMEX

Card # _____ Exp mo/yr _____

Signature _____ *(Required for charges)*

Mail or fax to: Society for Pediatric Dermatology
8365 Keystone Crossing, Suite 107 • Indianapolis, IN 46240 • Phone: (317) 202-0224 • Fax: (317) 205-9481 • E-mail: spd@hp-assoc.com
On-line registration available at www.pedsderm.net