THE SOCIETY FOR pediatric dermatology SINCE 1975

REGISTRATION FORM - 28th Annual Pre-AAD Meeting

Thursday, March 3, 2016 • Marriott Marquis Washington, DC

Register online at www.pedsderm.net

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

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

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

E-mail _____

REGISTRATION (Pre-registration deadline is February 25, 2016.)

	Through 2/8/16	2/9/16-2/25/16	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.)

DINNER

Dinner at Carmine's, 6:00 pm - 8:00 pm, Thursday, March 3

Tickets include meal, gratuity and one drink ticket. Cash bar available. Dinner tickets will be $80 per person on-site if still available.

$75 per person (through 2/8/16)	# attending _____	$ _____
$80 per person (after 2/8/16)	# attending _____	$ _____
$30 per person - Resident/Fellow	# attending _____	$ _____
$30 per child (12 and under)	# of children _____	$ _____

PAYMENT

Optional Donation to SPD Foundation **$** _____

Total Payment (Registration, Dinner, Donation) **$** _____

**Cancellations received through February 11, 2016 will be subject to a $25 administrative fee. There will be no refunds after February 11, 2016.*

PROGRAM BOOK

Please check here to receive a copy of the printed program. All attendees will have access to the speaker handouts on the conference app. USB drives will NOT be available.

☐ **I would like a Printed Program**.

RESIDENT/FELLOW RECEPTION
FRIDAY, MARCH 4

5:00 – 6:00 pm
Current and Incoming Fellows

6:00 – 7:00 pm
Residents, Fellows, and Fellowship Directors

☐ I will attend

Note: There is no charge for this reception.

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 _____

Billing Address _____ CVV Code _____

City/State/Zip _____

Signature _____

Mail or fax to: Society for Pediatric Dermatology
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