

SPD 36TH ANNUAL MEETING REGISTRATION



First Name: _____ Last Name: _____
 Degree: _____ Affiliation for badge: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Phone: _____ Fax: _____
 Email: _____

REGISTRATION TYPE: (please check all that apply)

I'm a: SPD Member Non Member First Time Attendee New Member Resident Fellow Junior Faculty (out of training less than 5 yrs)

REGISTRATION FEES:

	ON-SITE	FEES
<input type="checkbox"/> SPD Member	\$750	\$ _____
<input type="checkbox"/> Non Member	\$800	\$ _____
<input type="checkbox"/> Resident or Fellow - entire meeting	\$275	\$ _____
<input type="checkbox"/> Resident or Fellow - one day pass	\$150	\$ _____
<input type="checkbox"/> Accompanying Adult & Child > 12 years	\$150	\$ _____
<input type="checkbox"/> Accompanying Child < 12 years	\$50	\$ _____

Fri., July 16 Sat., July 17 Sun., July 18
 Guest Name(s): _____
 Children's Name: _____

SPECIAL EVENTS:

- Young Leaders Reception - Thurs., July 15 No of ppl. _____
- Welcome Reception - Thurs., July 15 No of ppl. _____
- Dinner Ticket - adult - Sat., July 17
- Dinner Ticket - child - Sat., July 17
- Vegetarian meal or special dietary needs: _____

Please check on-site for available tickets.

OPTIONAL EVENTS: (please select only one)

Columbia River Gorge Tour, Fri., July 16 **Sold Out** Garden Lovers Tour, Fri., July 16 **Sold Out**
 Winetasting Adventure, Fri., July 16 **Sold Out**

OPTIONAL RESEARCH WORKSHOP:

- Research in Peds Derm Workshop - Sat., July 17

TOTAL REGISTRATION FEES:

\$ _____

METHOD OF PAYMENT: Check** Visa Mastercard

Card #: _____ Exp. Date: _____

Cardholder Name (please print): _____

Signature: _____

**Payable to Society for Pediatric Dermatology or SPD. All checks must be made in U.S. dollars, drawn on U.S. Banks.

Registration fees, less \$100 administration fee, will be refunded following the meeting upon written notice of cancellation to the SPD headquarters office. In order to qualify for a refund of fees, cancellation notice must be received in writing to spd@hp-assoc.com no later than June 10, 2009. There will be no refund of fees for cancellation received after that date.

PHONE REGISTRATIONS NOT ACCEPTED.

Please select one of the following options:

1 By Fax (Visa/MC)
(317) 205-9481

2 On-Line (Visa/MC)
www.pedsderm.net

3 By Mail
SPD
8365 Keystone Crossing
Suite 107
Indianapolis, IN 46240
(Check/Visa/MC)



It is very important that you enjoy SPD 2010. If due to a disability, you have any special needs or requirements, please call (317) 202-0224 and we will do our best to accommodate your needs.