



# ASSOCIATION OF PROFESSORS OF DERMATOLOGY

2018 ANNUAL MEETING REGISTRATION FORM  
OCTOBER 5 - 6 | WESTIN MICHIGAN AVENUE, CHICAGO

REGISTER ONLINE AT [www.dermatologyprofessors.org](http://www.dermatologyprofessors.org) OR return this completed form to the APD office.  
Contact us with questions [admin@dermatologyprofessors.org](mailto:admin@dermatologyprofessors.org) or 770-613-0932.

## MEETING ATTENDEE INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Degree(s) \_\_\_\_\_ Institution/Department \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

REGISTRATION CONFIRMATION WILL BE SENT TO THIS EMAIL

## AFFILIATION: CHECK ALL THAT APPLY

\_\_\_\_ Department Chair                      \_\_\_\_ Dermatopathologist                      \_\_\_\_ Medical Dermatologist  
\_\_\_\_ Division Chief                              \_\_\_\_ Pediatric Dermatologist                      \_\_\_\_ Hospitalist  
\_\_\_\_ Dermatologic Surgery Division Leader                      \_\_\_\_ Residency Program Director                      \_\_\_\_ Doctor of Osteopathic Medicine  
\_\_\_\_ Dermatologic Surgeon                      \_\_\_\_ Fellowship Director                      \_\_\_\_ Administrator/Coordinator

## MEETING REGISTRATION RATES

ADVANCED REGISTRATION PRIOR TO FRIDAY, SEPTEMBER 21, 2018

\_\_\_\_ APD Member \$395.00  
\_\_\_\_ Non-Member \$495.00

REGISTRATION RATES AFTER FRIDAY, SEPTEMBER 21, 2018

\_\_\_\_ APD Member \$415.00  
\_\_\_\_ Non-Member \$520.00

NOTE: CANCELLATIONS MUST BE MADE IN ADVANCE OF THE REGISTRATION DEADLINE OF FRIDAY, SEPTEMBER 21, 2018 AND WILL BE SUBJECT TO A \$50.00 ADMINISTRATIVE FEE. NO REFUNDS WILL BE ISSUED AFTER THE ADVANCED REGISTRATION DEADLINE OF FRIDAY, SEPTEMBER 21, 2018.

## PAYMENT METHOD AND INFORMATION

CHECK Payable to "ASSOCIATION OF PROFESSORS OF DERMATOLOGY" drawn from a US Bank in US Currency

CREDIT CARD Indicate Type of Credit Card \_\_\_\_\_ American Express    \_\_\_\_\_ Master Card    \_\_\_\_\_ Visa  
Name on Card (PLEASE PRINT) \_\_\_\_\_  
Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ CVV Security code \_\_\_\_\_  
Signature \_\_\_\_\_  
Billing Address for Card (IF DIFFERENT THAN ABOVE)  
\_\_\_\_\_

## RETURN COMPLETED REGISTRATION FORM TO:

EMAIL [admin@dermatologyprofessors.org](mailto:admin@dermatologyprofessors.org)  
MAIL ASSOCIATION OF PROFESSORS OF DERMATOLOGY, 6134 POPLAR BLUFF CIRCLE, NORCROSS, GA 30092  
FAX 305-422-3327

## HOTEL - WESTIN MICHIGAN AVENUE CHICAGO, 909 N Michigan Avenue, Chicago, IL 60611

- ROOM RATE: \$285 S/D not including taxes, CUT-OFF DATE is 5pm CDT on Tuesday, September 11, 2018. Reservations made after Tuesday, September 11, 2018 are subject to availability and are not guaranteed the group rate. The APD is not responsible for any reservations made through the hotel or search engines.
- Two ways to BOOK A ROOM:
  - PHONE: 888-627-8385. You MUST mention "Association of Professors of Dermatology" or "APD" order to receive the discounted rates.
  - ONLINE: <https://www.starwoodmeeting.com/events/start.action?id=1706206342&key=22DCDFE8>