

ANNUAL MEETING REGISTRATION FORM

Advance Registration Deadline: September 23, 2010

WAYS TO REGISTER

- **Online** at www.dermatologyprofessors.org
- **Fax** credit card payments to: 216-579-9333
- **Mail** check payments to: APD, 526 Superior Ave East, Suite 540 Cleveland, OH 44114

Call the APD Office at 216-579-9300 x301 with questions concerning membership or meeting registration.

Cancellation Policy: Cancellations for this meeting will result in a \$50 cancellation administrative fee. You will receive a refund of all monies less \$50. Cancellations must be made in writing to the APD on or before October 1, 2010. All requests after October 10th, will not receive a refund.

MAKE A HOTEL RESERVATION

Swissotel Chicago
 323 East Wacker Drive
 Chicago, IL 60601

Hotel Reservation Deadline:
 September 23, 2010

- **Online** at www.dermatologyprofessors.org
- **Call** the Swissotel Chicago at 1-888-73 SWISS (79477) and reference the APD Annual meeting for group rate.

Room Rates (exclusive of current tax rate of 15.4%)

SINGLE OCCUPANCY - \$229
 DOUBLE OCCUPANCY - \$249

Reservations made after September 23, 2010 will be taken on a space available basis and the APD hotel rate cannot be guaranteed.

The APD is not responsible for housing arrangements made through any of the hotels, travel agencies, or online search engines.

First Name _____ Last Name _____ Degree _____

Institution _____ Department _____ Position _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone Number _____ Fax Number _____

Email Address (Registration confirmation will be sent to this email) _____

This is my first time attending an APD Annual Meeting

My career level is: Junior Mid-career Senior

REGISTRATION FEES

On site conference registration fees are \$50 higher than advance registration fees.
 Please check appropriate box and enter total fee enclosed.

- APD Member \$350
 I am a member of DTEG
- Non Member \$450
 I am a member of DTEG
- Administrator \$350

Total Registration Fee \$ _____

METHOD OF PAYMENT

Check \$ _____ (payable to APD in US Funds drawn on a US bank)

Credit Card: Visa MasterCard American Express

Credit Card Number _____ Expiration Date _____

CVV/CVC Code _____

Name on Card (Please Print) _____ Cardholder's Signature _____

SOCIAL AND MEETING EVENTS

For planning purposes, please check if you will be attending any of the following events.

- | | Yes, I will attend |
|--|--------------------------|
| Friday Oct. 8, 2:00 pm – 4:30 pm: Program for Chairs | <input type="checkbox"/> |
| Friday Oct. 8, 2:00 pm – 4:30 pm: Program for Junior Faculty | <input type="checkbox"/> |
| Friday, Oct. 8, 4:30 pm – 6:30 pm: DTEG Abstract Session | <input type="checkbox"/> |
| Saturday, Oct. 9, 12:00 pm – 1:00 pm: Luncheon | <input type="checkbox"/> |
| Saturday, Oct. 9, 5:00 pm – 6:00 pm: Cocktail Reception | <input type="checkbox"/> |