



ASSOCIATION OF PROFESSORS OF DERMATOLOGY

2019 ANNUAL MEETING REGISTRATION FORM
SEPTEMBER 13-14, 2019 | INTERCONTINENTAL CHICAGO MAGNIFICENT MILE

**REGISTER ONLINE AT www.dermatologyprofessors.org OR return this completed form to the APD office.
Contact us with questions 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

<input type="checkbox"/> Department Chair	<input type="checkbox"/> Dermatopathologist	<input type="checkbox"/> Hospitalist
<input type="checkbox"/> Division Chief	<input type="checkbox"/> Pediatric Dermatologist	<input type="checkbox"/> Doctor of Osteopathic Medicine
<input type="checkbox"/> Dermatologic Surgery Division Leader	<input type="checkbox"/> Residency Program Director	<input type="checkbox"/> Administrator/Coordinator
<input type="checkbox"/> Dermatologic Surgeon	<input type="checkbox"/> Fellowship Director	<input type="checkbox"/> Residency Coordinator
	<input type="checkbox"/> Medical Dermatologist	<input type="checkbox"/> Trainee

MEETING REGISTRATION RATES

ADVANCED REGISTRATION PRIOR TO FRIDAY, AUGUST 23, 2019

_____ APD Member \$395.00
_____ Non-Member \$495.00
_____ DTEG Presenter \$50.00*
_____ Trainee (Resident/Fellow) \$50.00

REGISTRATION RATES AFTER FRIDAY, AUGUST 23, 2019

_____ APD Member \$445.00
_____ Non-Member \$545.00
_____ DTEG Presenter \$50.00*
_____ Trainee (Resident/Fellow) \$50.00

*CONFIRMED DTEG PRESENTERS WILL RECEIVE A CODE FOR COMPLIMENTARY REGISTRATION. EMAIL THE APD OFFICE IF YOU DO NOT RECEIVE.

CANCELLATIONS MUST BE MADE IN ADVANCE OF THE REGISTRATION DEADLINE OF FRIDAY, AUGUST 23, 2019 AND WILL BE SUBJECT TO A \$50.00 ADMINISTRATIVE FEE. NO REFUNDS WILL BE ISSUED AFTER THE ADVANCED REGISTRATION DEADLINE OF FRIDAY, AUGUST 23, 2019.

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:

MAIL APD, 6134 POPLAR BLUFF CIRCLE, NORCROSS, GA 30092

EMAIL admin@dermatologyprofessors.org

FAX 305-422-3327

HOTEL – INTERCONTINENTAL CHICAGO MICHIGAN AVENUE , 505 N Michigan Avenue, Chicago, IL 60611

- ROOM RATE: \$299 S/D not including taxes, CUT-OFF DATE is 5pm CDT on Thursday, August 15, 2019. Reservations made after Thursday, August 15, 2019 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: 1-800-628-2112 (312-944-4100 for International Calls). You MUST mention "APD 2019 Annual Meeting (or group code ZAJ) in order to receive the discounted rates.
 - ONLINE: <https://goo.gl/J9unKF>