



APD VIRTUAL ANNUAL MEETING | REGISTRATION FORM

JULY 18, 2020 and OCTOBER 3, 2020

REGISTER ONLINE at www.dermatologyprofessors.org OR return this completed form to the APD office.

Register **ONCE** to attend both dates. There is no discount if attending only one day.

PLEASE PRINT or TYPE ON THIS FORM | Contact us with questions admin@dermatologyprofessors.org or 770-613-0932.

Institution	
Street Address	
City, State, Zip	
Contact Name	Contact Phone#
Contact Email	

CODE	CATEGORY	RATE	ROLES	ATTENDING?
M	APD Member*	\$75	ROLES DCF - Division Chief DCR - Department Chair RD - Residency Program Director FD - Fellowship Director DSL - Dermatologic Surgery Division Leader DS - Dermatologic Surgeon MD - Medical Dermatologist DP - Dermatopathologist PD - Pediatric Dermatologist MDR - Medical Director DO - Doctor of Osteopathic Medicine H - Hospitalist T - Trainee RC - Residency Coordinator AC - Administrator/Coordinator	ATTENDING? <i>JULY 18 Roundtable Breakout</i> RD - Residency Program Directors WC - Women Chairs DP - Dermatopathology PD - Pediatric Dermatology FD - Fellowship Directors <i>Oct 3 Concurrent Session 1</i> DT - DTEG DS - Derm Surg <i>Oct 3 Concurrent Session 2</i> C - Chairs TF - Prog Direct and Teaching Faculty VCR - Oct 3 Virtual Cocktail Reception
N	Non-Member**	\$125		
T	Trainee (Resident/Fellow) or DTEG Presenter	N/C		
*2020 APD dues must be paid. We will reach out to you if not current. **Non-member registrants will receive complimentary APD membership through December 31, 2020. Non-member registrants will be contacted for enrollment details.				

Registrant Name(s) (first, last, creds)	Registrant Email	Mobile #	REG CODE	REG RATE	ROLES (List ALL by code)	ATTENDING? (List all by code)
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		

PAYMENT <input type="checkbox"/> Check - Payable to "Association of Professors of Dermatology" (US Bank in US Currency) <input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MC APD Tax ID # 95-3051907	TOTAL \$
Name on Card	
Card Number:	Expiration:
CVV Code:	
Billing Address:	

RETURN COMPLETED REGISTRATION FORM TO:
 MAIL APD, 6134 POPLAR BLUFF CIRCLE, NORCROSS, GA 30092

EMAIL katie@theassociationcompany.com
 FAX 305-422-3327