

# 2019 ASDS Annual Meeting Registration Form

Register online at [asds.net/AnnualMeeting](http://asds.net/AnnualMeeting)

Complete a separate form for every registrant – Print clearly


Attendee Name \_\_\_\_\_ ASDS Member ID# \_\_\_\_\_

Address NOTE: Exhibitors will receive attendee mailing addresses – use your preferred business address rather than your home address. \_\_\_\_\_

City \_\_\_\_\_ State / Region \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (include country code outside U.S.) \_\_\_\_\_ Mobile (include country code outside U.S.) \_\_\_\_\_

Email (for ASDS communication only) \_\_\_\_\_ Fax (include country code outside U.S.) \_\_\_\_\_

Name on Badge \_\_\_\_\_   **ADA / SPECIAL ASSISTANCE** for accessibility requirements, food allergies or strict dietary restrictions, please email [education@asds.net](mailto:education@asds.net)

**Payment Information (U.S. dollars)**

Full payment is due upon registration. Refunds, less a \$100 administrative fee, will be allowed for cancellations received at ASDS in writing by **Sept. 23**. After Sept. 23, no refunds are permitted.

**Subtotal Page 1:** \$ \_\_\_\_\_  
**Subtotal Page 2:** \$ \_\_\_\_\_  
**TOTAL MEETING FEE:** \$ \_\_\_\_\_

By virtue of registration, ASDS Annual Meeting attendees agree to abide by the Meeting Policies and Code of Conduct, and that photos taken by ASDS will be utilized in future meeting promotions.

**CREDIT CARDS:** Fax completed forms to 847-956-0999  
 Visa  MasterCard  American Express  Discover  
 Credit Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_ Billing Address ZIP \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_ CVV \_\_\_\_\_

**CHECKS** (Allow 7 business days for processing)  
 Send checks payable in U.S. dollars to:  
 American Society for Dermatologic Surgery  
 5550 Meadowbrook Drive, Suite 120  
 Rolling Meadows, IL 60008-3805

Meeting Registration Categories and Fees	On or Before 9/18/19	After 9/18/19 or On-site
<b>ASDS Members</b> (Including Adjunct)	<b>\$849</b> <small>19AMM</small>	<b>\$1,049</b> <small>19AMML</small>
<b>ASDS Life Members</b>	<b>\$209</b> <small>19AMLF</small>	<b>\$409</b> <small>19AMLFL</small>
<b>Non-member Dermatologists</b> <small>Proof of board certification from the American Board of Dermatology, the Osteopathic Board of Dermatology, the Royal College of Physicians and Surgeons of Canada or the international equivalent must accompany your registration.</small>	<b>\$1,609</b> <small>19AMN</small>	<b>\$1,809</b> <small>19AMNL</small>
<b>Post-Residency Trainees</b>	<b>\$489</b> <small>19AMCDF</small>	<b>\$689</b> <small>19AMCDFL</small>
<b>Residents</b> <small>Includes Graduating Class of 2019.</small>	<b>\$289</b> <small>19AMR</small>	<b>\$489</b> <small>19AMRL</small>
<b>International Residents</b> <small>Graduating Class of 2019; Letter from dermatology program director must accompany your registration.</small>	<b>\$209</b> <small>19AMIRES</small>	<b>\$409</b> <small>19AMIRESL</small>
<b>ADAM Members</b> <small>Includes admission to Exhibit Hall, receptions and all unrestricted sessions (restricted sessions are marked ☹)</small> Employing Dermatologist's Name _____	<b>\$259</b> <small>19AMADAM</small>	<b>\$459</b> <small>19AMADAML</small>
<b>Administrative Staff</b> <small>Includes admission to Exhibit Hall, receptions and all unrestricted sessions (restricted sessions are marked ☹)</small> Employing Dermatologist's Name _____	<b>\$259</b> <small>19AMADMST</small>	<b>\$459</b> <small>19AMADMSTL</small>
<b>Clinical Staff: MAs, PAs, RNs, Surgical Assistants</b> <small>Includes admission to Exhibit Hall, receptions and all unrestricted sessions (restricted sessions are marked ☹)</small> Employing Dermatologist's Name _____	<b>\$259</b> <small>19AMCS</small>	<b>\$459</b> <small>19AMCSL</small>
<b>Medical Students</b> <small>Includes admission to Exhibit Hall, receptions and all sessions, excluding workshops. Letter from your medical school dean must accompany your registration</small>	<b>\$209</b> <small>19AMMS</small>	<b>\$409</b> <small>19AMMSL</small>
<b>Guests</b> (Spouse / Companion only) <small>Must be a guest of a registrant from a category above. Includes admission to Exhibit Hall and receptions. Attendance at scientific sessions is not permitted</small> Name _____	<b>\$229</b> <small>19AMGST</small>	<b>\$429</b> <small>19AMGSTL</small>
<b>Subtotal Page 1</b>		<b>\$</b>

Name \_\_\_\_\_ ID# \_\_\_\_\_

<p><b>14th Annual ASDS Gala Dinner and Dance Saturday, Oct. 26, 7 – 11 p.m.</b>  <b>The Field Museum of Natural History, 1400 S. Lake Shore Drive, Chicago</b>  <i>(Lifetime, Sustaining and Stegman Circle donors receive two complimentary Gala tickets. Guest name provided here will be assigned the complimentary tickets unless otherwise specified.)</i> <input checked="" type="checkbox"/></p> <p><b>Name(s) of person(s) attending:</b></p>	<p><b>No. of Tickets</b>        _____ @ <b>\$165</b>  <small>19GALA</small></p> <p><b>Office Use Only:</b>        No. Tickets _____  <small>comp</small>  <small>19COMPGALA</small></p>	<p>\$</p>
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ADVANCED REGISTRATION SESSIONS		On or Before 9/18/19	After 9/18/19 or On-site
<b>Wednesday, Oct. 23 Pre-conference Workshops</b>			
9 a.m. – 4 p.m.	<b>Hands-on Workshop and Cadaver Lab: Advanced Cosmetic Surgical Procedures of the Eyes and Face</b> <input checked="" type="checkbox"/> Advanced registration required; <input type="checkbox"/> lunch provided; <input type="checkbox"/> restricted session	<input type="radio"/> \$1,090 <small>PC01</small>	<input type="radio"/> \$1,250 <small>PC01L</small>
9 a.m. – 4 p.m.	<b>Patient Demonstrations and Hands-on Workshop: Chemical Peels</b> <input checked="" type="checkbox"/> Advanced registration required; <input type="checkbox"/> lunch provided; <input type="checkbox"/> restricted session	<input type="radio"/> \$1,090 <small>PC02</small>	<input type="radio"/> \$1,250 <small>PC02L</small>
<b>Thursday, Oct. 24</b>			
7:30 – 8:45 a.m.	<b>Round Table: What I Wish I Had Known: Navigating Contracts, the Art of Negotiation and Securing Your Dream Job</b> <i>(Residents / Early-Career only)</i> <input checked="" type="checkbox"/> Advance registration requested. <input type="checkbox"/>	N/C <small>RT01</small>	<input type="radio"/> Yes <input type="radio"/> No
Noon – 1:30 p.m.	<b>Resident Luncheon</b> <i>(Residents / Post-residency Trainees only)</i> <input checked="" type="checkbox"/> Advance registration required. <input type="checkbox"/>	N/C <small>19RL</small>	<input type="radio"/> Yes <input type="radio"/> No
<b>Friday, Oct. 25</b>			
7 – 8:15 a.m.	<b>Round Table: Real Life Perspectives on Practice Management, Networking and Leadership</b> <i>(Residents / Early-Career only)</i> <input checked="" type="checkbox"/> Advance registration requested. <input type="checkbox"/>	N/C <small>RT03</small>	<input type="radio"/> Yes <input type="radio"/> No
1:30 – 3:30 p.m.	<b>Hands-on Workshop and Cadaver Lab: Wound Closures</b> <input checked="" type="checkbox"/> Advance registration required. <input type="checkbox"/>	<input type="radio"/> \$290 Member <small>WS01</small> <input type="radio"/> \$360 Non-member <small>WS01</small>	<input type="radio"/> \$330 Member <small>WS01L</small> <input type="radio"/> \$450 Non-member <small>WS01L</small>
7 – 8 p.m.	<b>Resident Networking Reception</b> <i>(Residents and Resident Guest only)</i> <input checked="" type="checkbox"/> Advance registration required.	<input type="radio"/> N/C <small>19RD</small> <input type="radio"/> \$25 Guest <small>19RDG</small>	<input type="radio"/> Yes <input type="radio"/> No
<b>Saturday, Oct. 26</b>			
7 – 8:15 a.m.	<b>Pearls to Implement, Integrate and Master Aesthetics in Your Practice</b> <i>(Residents / Early-Career only)</i> <input checked="" type="checkbox"/> Advance registration requested. <input type="checkbox"/>	N/C <small>RT04</small>	<input type="radio"/> Yes <input type="radio"/> No
1:45 – 4 p.m.	<b>Hands-on Workshop and Cadaver Lab: Nail Surgery</b> <input checked="" type="checkbox"/> Advance registration required. <input type="checkbox"/>	<input type="radio"/> \$290 Member <small>WS02</small> <input type="radio"/> \$360 Non-Member <small>WS02</small>	<input type="radio"/> \$330 Member <small>WS02L</small> <input type="radio"/> \$450 Non-Member <small>WS02L</small>
<b>Sunday, Oct. 27</b>			
9:45 a.m. – 12:45 p.m.	<b>Hands-on Workshop: Excision, Flap, Suturing and Injection Techniques</b> <i>(Appropriate for Residents/Early-Career)</i> <input checked="" type="checkbox"/> Advanced registration required. <input type="checkbox"/>	<input type="radio"/> \$199 Member <small>WS03</small> <input type="radio"/> \$250 Non-Member <small>WS03</small> <input type="radio"/> \$179 Resident <small>WS03</small>	<input type="radio"/> \$230 Member <small>WS03L</small> <input type="radio"/> \$310 Non-Member <small>WS03L</small> <input type="radio"/> \$220 Resident <small>WS03L</small>
<b>Subtotal Page 2</b>		<b>\$</b>	

Program subject to change. ASDS reserves the right to cancel sessions / activities based on registration.