

Premier Annual Resident Cosmetic Symposium Registration Application

April 17-19, 2020 | Dallas, Texas | www.asds.net/Resident-Symposium

INSTRUCTIONS: (1) Download this form to your device and save it. (2) Open form on your device, complete all fields, and save again. (3) Submit as email attachment, or print out, complete by hand, scan and email or send as fax.

- **Scholarship registrations are filled, however we have a few spots available for 2nd and 3rd year residents to attend.**
- Attendance and participation during the entire symposium is required (Friday 4:00 pm check-in through Sunday 12:00 pm conclusion); do not apply if you cannot attend for the duration.
- Registration fee of \$289 includes the following meals/functions: cocktail receptions on both nights; breakfast, lunch and networking dinner on Saturday; and breakfast on Sunday. This fee is reimbursed from the scholarship award.
- Following the symposium, you must complete an online evaluation, which includes an essay of 200 words or less describing how the resident symposium benefitted your dermatology education/career by May 1, 2020.
- Should you cancel, the standard ASDS refund policy listed below will apply. There are no exceptions to this policy.

Please type or print clearly – all fields required:

Resident Name	ASDS Member ID#	Dermatology Residency Year	
Institution/Practice Name			
Institution/Practice Address			
City	State/Province	ZIP Code	Country
Mobile Phone	Email (for ASDS communication only)		

Dermatology Program Director Name

Dermatology Program Director Signature

Payment Information (U.S. dollars only)

Full payment is due upon application submission. Refunds, less a \$100 administrative fee, will be allowed for cancellations received at ASDS in writing 30 or more days before the scheduled course. After that date, no refunds will be permitted.

\$289 Residents


Check (Mail to ASDS. Allow seven additional business days for processing.)

Visa MasterCard American Express Discover

Credit Card # Exp. Date CVC

Name on Card (print) Billing ZIP

Authorized Signature

 ADA / SPECIAL ASSISTANCE. Check if you require assistance to fully participate in the meeting. An ASDS staff member will contact you prior to the course date.

**Please submit this form with
registration payment to:**

Janine Wisniewski
American Society for
Dermatologic Surgery
5550 Meadowbrook Drive
Suite 120

Rolling Meadows, IL 60008

Telephone: 847-956-0900

Fax: 847-956-0999

Email: jwisniewski@asds.net