



## PERSONAL INFORMATION

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Degree \_\_\_\_\_ Title \_\_\_\_\_  
 Department \_\_\_\_\_  
 Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

## AFFILIATION (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Academic             | <input type="checkbox"/> Resident                   |
| <input type="checkbox"/> JSID Member          | <input type="checkbox"/> Government                 |
| <input type="checkbox"/> Post-Doctoral Fellow | <input type="checkbox"/> ESDR Member                |
| <input type="checkbox"/> Industry             | <input type="checkbox"/> Student                    |
| <input type="checkbox"/> Private Practice     | <input type="checkbox"/> Coalition of Skin Diseases |
| <input type="checkbox"/> Advocacy/NonProfit   | <input type="checkbox"/> KSID Member                |
| <input type="checkbox"/> TSID Member          | <input type="checkbox"/> Other _____                |

First-time Attendee?  Yes  No

## CME CREDITS

I plan to claim CME credits for my participation at this meeting.

## SPECIAL SERVICES

Check here, if under the Americans with Disabilities Act you require accommodations in order to attend. You will be contacted by the SID.

## PHOTOGRAPHY/VIDEO POLICY

Any photography, filming, taping, recording, or reproduction in any medium of any of the programs, exhibits or lectures presented at the SID 2019 is strictly prohibited. Failure to comply with this policy may lead to the removal of your meeting credentials.

I agree to adhere to the Photography/Video Policy listed above.

## MEETING PROGRAM BOOK

Go Green! I opt out of receiving a printed program onsite. Online version will be available.

## COMMUNICATIONS

I would like to receive e-mail correspondence from the SID regarding Annual Meeting Information and Updates.

Yes  No

I would like to receive pertinent information from SID verified vendors regarding the SID Annual Meeting.

Yes  No

## REGISTRATION FEES

CATEGORY:	ON/BEFORE 3/24/19	ON/AFTER 3/25/19
SID Member	<input type="checkbox"/> \$599	<input type="checkbox"/> \$699
Non-Member	<input type="checkbox"/> \$900	<input type="checkbox"/> \$1,200
Social Event* May 9, 2019, 7:00 - 10:30 pm	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
Welcome Reception Companion**	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50

## TRAINEE CATEGORIES \*\*\*

Resident/Post-Doc Member	<input type="checkbox"/> \$349	<input type="checkbox"/> \$449
Resident/Post-Doc Non-Member	<input type="checkbox"/> \$424	<input type="checkbox"/> \$524
Student	<input type="checkbox"/> \$149	<input type="checkbox"/> \$149
Social Event* May 9, 2019, 7:00 - 10:30 pm	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
Young Investigator Collegiality Reception	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50

Space is limited. May 10, 2019, 7:00-9:00 pm

Please enter the total fee enclosed. \$ \_\_\_\_\_

\* Social Event tickets will be limited. Only 750 tickets will be sold.

\*\* Companion Registration only allows for admission to the Welcome Reception.

\*\*\* Non-Member Residents, Post-Doctoral Fellows and Pre-Doctoral Students must mail or fax to the SID office a letter from their department verifying their status. Letters must be signed and on official university/institution letterhead.

All cancellations and changes to SID 2019 registration must be made in writing to the SID office, by March 31, 2019. Cancellations made after March 31, 2019 will not receive a refund. No exceptions can be made. Refunds are issued after the meeting, less a \$100 administrative fee.

## PAYMENT INFORMATION

Enclose a check in US dollars drawn on a US bank made payable to the SID, or supply credit card information below.

Total: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Payment by check saves the SID 5% credit card processing fees.

Visa  Mastercard  American Express

Card #: \_\_\_\_\_

CVV\* \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

\*Security Code

Authorized Signature \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address for Card (if different from above)

\_\_\_\_\_  
 \_\_\_\_\_

## SUBMIT PAYMENT & FORMS TO:

**Society for Investigative Dermatology**  
 526 Superior Avenue East, Suite 340  
 Cleveland, OH 44114  
 Email: sid@sidnet.org  
 Fax: 216.579.9333  
 Register online at sidannualmeeting.org