



PERSONAL INFORMATION

First Name _____

Last Name _____

Degree _____ Title _____

Department _____

Institution _____

Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____

Email _____

Date of Birth (MM/DD/YYYY) _____

GENDER

- Female
- Male
- Non-Binary / Third Gender
- Prefer to self-describe _____
- Prefer not to say

RACE/ETHNICITY

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

GENDER PRONOUN

- He/him/his
- She/her/hers
- They/them/theirs

AFFILIATION (Check all that apply)

- Academic
- JSID Member
- Post-Doctoral Fellow
- Industry
- Private Practice
- Advocacy/NonProfit
- TSID Member
- Resident
- Government
- ESDR Member
- Student
- Coalition of Skin Diseases
- KSID Member
- 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.

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

REGISTRATION FEES

CATEGORY:	ON/BEFORE 3/29/2020	ON/AFTER 3/30/2020
SID Member	<input type="checkbox"/> \$599	<input type="checkbox"/> \$699
Non-Member	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,300
Administrator	<input type="checkbox"/> \$349	<input type="checkbox"/> \$449
Social Event* Thursday, May 14, 2020 - 7:00 pm - 10:30 pm	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
Welcome Reception Companion**	<input type="checkbox"/> \$49	<input type="checkbox"/> \$49

TRAINEE CATEGORIES ***

Resident/Post-Doc Member	<input type="checkbox"/> \$349	<input type="checkbox"/> \$449
Resident/Post-Doc Non-Member	<input type="checkbox"/> \$449	<input type="checkbox"/> \$549
Student	<input type="checkbox"/> \$149	<input type="checkbox"/> \$149
Social Event* May 14, 2020, 7:00-10:30 pm	<input type="checkbox"/> \$75	<input type="checkbox"/> \$75
Young Investigator Collegiality Reception	<input type="checkbox"/> \$48	<input type="checkbox"/> \$48

Space is limited. Friday, May 15, 2020 7:00-9:30 pm

* Social Event tickets will be limited.

** 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 2020 registration must be made in writing to the SID office, by Tuesday, March 31, 2020. Cancellations made after Tuesday, March 31, 2020 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