



2021 SID Virtual Meeting

May 3-8, 2021

REGISTRATION FORM

ATTENDEE INFORMATION

First Name _____

Last Name _____

Degree _____ Title _____

Department _____

Institution _____

Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email _____

GENDER

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

GENDER PRONOUN

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

AFFILIATION (Check all that apply)

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

First-time Attendee? Yes No

CME CREDITS

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

COMMUNICATIONS

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

- Yes No

REGISTRATION FEES

	ON/BEFORE 4/18/2021	ON/AFTER 4/19/2021
REGISTRATION CATEGORIES		
SID Member - (Includes EDSR joint membership)	<input type="checkbox"/> \$299	<input type="checkbox"/> \$349
ISID Member* - (ASDR, JSID, KSID, TSID, ESDR non-SID joint membership)	<input type="checkbox"/> \$399	<input type="checkbox"/> \$399
Non-Member	<input type="checkbox"/> \$499	<input type="checkbox"/> \$699

TRAINEE CATEGORIES**

Resident/Post-Doc Member	<input type="checkbox"/> \$99	<input type="checkbox"/> \$149
Resident/Post-Doc Non-Member	<input type="checkbox"/> \$124	<input type="checkbox"/> \$174
Student	<input type="checkbox"/> \$49	<input type="checkbox"/> \$99

Please enter the total fee enclosed. \$ _____

* Registration in this category is pending verification by the SID Office of a valid membership with the home society.

** 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.

Please note that virtual meeting content access will be available during and after the meeting and as such virtual registration fees will be non-refundable.

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 attendee information)

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