



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
- Prefer to self-describe _____

RACE/ETHNICITY

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

First-time Attendee? Yes No

CME CREDITS

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

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 _____

COMMUNICATIONS

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

Yes No

REGISTRATION FEES

IN-PERSON: Registration to in-person (Portland) meeting only

HYBRID: Registration to both In-person Portland meeting as well as access to post-meeting on-demand content

	IN-PERSON		HYBRID	
	ON/BEFORE 4/15/2022	ON/AFTER 4/16/2022	ON/BEFORE 4/15/2022	ON/AFTER 4/16/2022
REGISTRATION CATEGORIES				
SID Member (includes ESDR Joint Membership):	<input type="checkbox"/> \$699	<input type="checkbox"/> \$799	<input type="checkbox"/> \$861	<input type="checkbox"/> \$1,036
Non-Member	<input type="checkbox"/> \$1,050	<input type="checkbox"/> \$1,350	<input type="checkbox"/> \$1,349	<input type="checkbox"/> \$1,675
ISID Member* (ASDR, JSID, KSID, TSID, ESDR non-SID joint membership):	<input type="checkbox"/> \$699	<input type="checkbox"/> \$799	<input type="checkbox"/> \$861	<input type="checkbox"/> \$986
Administrator/Lab Technician:	<input type="checkbox"/> \$494	<input type="checkbox"/> \$594	<input type="checkbox"/> \$624	<input type="checkbox"/> \$749
Guest Registration**	<input type="checkbox"/> \$99	<input type="checkbox"/> \$99		
TRAINEE CATEGORIES***				
Resident/Post-Doc Member	<input type="checkbox"/> \$419	<input type="checkbox"/> \$519	<input type="checkbox"/> \$511	<input type="checkbox"/> \$636
Resident/Post-Doc Non-Member	<input type="checkbox"/> \$494	<input type="checkbox"/> \$594	<input type="checkbox"/> \$624	<input type="checkbox"/> \$749
Student	<input type="checkbox"/> \$179	<input type="checkbox"/> \$179	<input type="checkbox"/> \$199	<input type="checkbox"/> \$199
Young Investigator Collegiality Reception – Friday, May 20, 2022 7:00 – 9:30 pm	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60		

The Social Event for the meeting is included in all registration fees and open to all attendees.

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

** Guest Registration only allows for admission to the Welcome Reception and Social Event.

*** 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 2022 registration must be made in writing to the SID office, by Friday, April 15, 2022. Cancellations made after Friday, April 15, 2022, 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 attendee information)



ACKNOWLEDGEMENT OF COVID-19 VACCINATION REQUIREMENTS AND PERSONAL RESPONSIBILITY FOR 2022 SID ANNUAL MEETING PARTICIPANTS

Acknowledgement of COVID-19 Vaccination Requirement for 2022 SID Annual Meeting Attendees:

- I acknowledge that all attendees must be fully vaccinated to attend the SID Annual Meeting. For example, this means either 2 shots of Pfizer or Moderna vaccine PLUS booster, or one shot of the J&J vaccine PLUS booster. To view the complete list of acceptable vaccines, please visit this link: <https://www.sidannualmeeting.org/wp-content/uploads/2022/01/Acceptable-Vaccine-Chart-2.png>. Proof will be required upon arrival at the meeting venue or entry will NOT be permitted.

Acknowledgement of Personal Responsibility for 2022 SID Annual Meeting Attendees:

- I acknowledge that the SID cannot guarantee that I will not be exposed to or contact a Communicable Disease (ex. COVID-19) at the SID 2022 Annual Meeting and I understand the risk that I may be exposed to or infected by a Communicable Disease by attending. I knowingly and freely assume all such risks, both known and unknown, and take full personal responsibility for my participation in the meeting.

I agree to abide by all applicable COVID-19 related requirements, advisories, policies, procedures, and protocols of the event hosts (SID), the Hyatt Regency at the Oregon Convention Center, the Oregon Convention Center, as well as respective SID partners, and any other governmental authority for the duration of the week-long event.

In doing so, I release the SID, the Board of Directors, its staff and contractors from liability should I become ill, directly or indirectly, as a result of my participation in this event.

Attendee Signature

Print Name

Date