



2025 ANNUAL MEETING

San Diego

May 7-10, 2025



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
- 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

ON/BEFORE
4/6/2025

ON/AFTER
4/7/2025

REGISTRATION CATEGORIES

SID Member (includes ESDR Joint Membership):	<input type="checkbox"/> \$799	<input type="checkbox"/> \$899
Non-Member	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,500
ISID Member* (ASDR, JSID, KSID, SRSS, TSID, ESDR non-SID joint membership):	<input type="checkbox"/> \$849	<input type="checkbox"/> \$949
Administrator/Lab Technician:	<input type="checkbox"/> \$519	<input type="checkbox"/> \$619
Guest Registration**	<input type="checkbox"/> \$199	<input type="checkbox"/> \$199

TRAINEE CATEGORIES***

Resident/Post-Doc Member	<input type="checkbox"/> \$519	<input type="checkbox"/> \$619
Resident/Post-Doc Non-Member	<input type="checkbox"/> \$594	<input type="checkbox"/> \$694
Student	<input type="checkbox"/> \$199	<input type="checkbox"/> \$199
Trainee Reception Wednesday, May 7, 2025, 7:15 - 9:15 pm Space is limited	<input type="checkbox"/> \$60	<input type="checkbox"/> \$60

Social Event for All Attendees Thursday, May 8, 2025, 7:00 pm - 10:00 pm	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25
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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)

* 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 2025 registration must be made in writing to the SID office, by Friday, April 13, 2025. Cancellations made after Friday, April 13, 2025, will not receive a refund. No exceptions can be made. Refunds are issued after the meeting, less a \$100 administrative fee.