



2025 ANNUAL MEETING

San Diego

May 7-10, 2025



EXHIBITOR FORM

COMPANY INFORMATION

Company Name _____

Contact Name _____

Title _____

Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email _____

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 _____

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

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

EXHIBITOR OPPORTUNITIES

| EXHIBIT BOOTH (10' X 10') | COST |
|---|---------|
| Exhibit booth (reserved on or before April 6, 2025) | \$3,000 |
| Exhibit booth (reserved after April 6, 2025) | \$3,500 |

BOOTH LOCATION

Please indicate your booth location preferences (refer to floor plan). All requests will be assigned on a first-come, first-served basis. If all three of your choices are taken, you will be assigned the next closest booth space to your first choice:

Choice #1 _____ Choice #2 _____ Choice #3 _____

Please indicate companies that you do not wish to exhibit next to (specify company name, not general categories):

A minimum 50% deposit and this signed application and contract must be received by April 6, 2025 to receive the reduced rates. After April 6, 2025 reduced rates are no longer available, and payment in full must accompany this form to reserve your space.

Exhibitor Profile: To reserve space, you must provide a 300-character description of your products or services with your application.

The undersigned hereby authorizes the Society for Investigative Dermatology to reserve exhibit space for the company or organization listed above for the SID 2025 Annual Meeting. The undersigned acknowledges receipt of and agrees to abide by the rules and regulations which are by reference hereby made part of this agreement. The undersigned acknowledges that opportunities will be assigned on a first-come, first-served basis.

Authorized Signature Date: