



ACDS 35th Annual Meeting Registration Form

Contact Information

Name: _____ **Designation(s): MD, DO, PA, etc.:** _____
Preferred Name: _____ **Email:** _____
Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Phone Number: _____ **Fax:** _____

Disclosures/Agreements

Photography Disclosure: Please note ACDS is photographing and video recording a portion of this Annual Meeting. These photographs and video recordings, along with your name, may be used in ACDS publications or on the ACDS website. If you do not want your photo used, please inform the staff photographer or videographer at the time the photograph and video recording is taken.

Do you agree to be contacted by the Annual Meeting industry supporters and exhibitors? Yes No

In-Person and Virtual Registration Rates

How will you be attending?	Before 2/3/2024	On or after 2/3/2024
<input type="checkbox"/> In-Person <input type="checkbox"/> Virtually		
<input type="checkbox"/> ACDS Member	\$275	\$300
<input type="checkbox"/> Non-Member Physician	\$375	\$400
<input type="checkbox"/> Affiliate / Researcher / Industry	\$250	\$275
<input type="checkbox"/> Nurse / Physician Assistant	\$75	\$100
<input type="checkbox"/> Resident <input type="checkbox"/> Student (select one)	\$25	\$25

Additional Events

Will you be attending the Cocktail Reception immediately following the Contact Allergen Bee after the Annual Meeting? Yes No

Will you be participating in the Contact Allergen Bee (Residents only, deadline February 19, 2024)? Yes No

Special Accommodations

I have a need for special accommodation(s). Please explain below: _____
 I have dietary restrictions. Please explain below: _____

Payment Information

Registration Fee: \$ _____

Include the credit card processing fee of 2.3%? (optional) Yes \$ _____

Payment Method: Check (Payable to ACDS) | Visa MasterCard American Express Discover
Credit Card Number: _____ - _____ - _____ - _____ **Expiration:** _____ **Security Code:** _____
Signature of Card Holder (required): _____

Cancellation Policy

A refund request must be submitted in writing at least one month prior to the event and is subject to a \$50 cancellation fee. Any request submitted within one month of the event is non-refundable. Requests to change between in-person and virtual meeting formats will be honored up to one week prior to the event, and will incur no fee. Please reach out to info@contactderm.org for more information.