

ACDS  
37<sup>TH</sup> ANNUAL  
MEETING

  
DENVER, CO  
THURSDAY, MARCH 26<sup>TH</sup>, 2026  
GRAND HYATT DENVER



## REGISTRATION

### Contact Information

Name \_\_\_\_\_ Designation(s) MD, PhD, etc. \_\_\_\_\_ Preferred Name \_\_\_\_\_

Email \_\_\_\_\_ Phone  Work  Mobile  Home  Other \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

### Event Registration

**Early Bird** registration ends 11:59pm CT, **February 20, 2026**. Registration after this date will result in the regular rate being applied. **To qualify for the membership rate**, you must have membership status that is active upon registration **and** at the time of the event.

Select Registration Type	Early Bird	Regular
<input type="checkbox"/> ACDS Physician Member	\$275	\$300
<input type="checkbox"/> Non-Member Physician	\$375	\$400
<input type="checkbox"/> Industry Representative	\$250	\$275
<input type="checkbox"/> Non-Physician Staff Nurse, PA, office staff, etc.	\$75	\$100
<input type="checkbox"/> Resident	\$25	\$25
<input type="checkbox"/> Medical Student	\$25	\$25

### Additional Events

Will you be attending the 5:30pm Cocktail Reception immediately following the Contact Allergen Bee at the conclusion of the Annual Meeting?  Yes  No

Will you be participating in the Contact Allergen Bee? Residents only  Yes  No

### Special Accommodations

If you have a need for **dietary restrictions**, please list them here:

If you have a need for **other/additional special accommodations**, please list them here:

### Permissions

**Photography Disclosure:** Please note ACDS is photographing and video recording a portion of this event. 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.

I understand and agree

Do you agree to be contacted by the Annual Meeting industry supporters and exhibitors?

Yes  No

### Payment Information

Select one:  American Express  Discover  Mastercard  Visa  Check *Make check payable to ACDS*

**NOTE:** All credit card transactions will incur a mandatory 3% processing fee.

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on the card *Printed* \_\_\_\_\_

Cardholder's Signature *Required* \_\_\_\_\_

Registration: \$ \_\_\_\_\_

Credit Card Fee (3%): \$ \_\_\_\_\_  
*Mandatory for all credit card transactions*

Total: \$ \_\_\_\_\_

### 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. Please reach out to [info@contactderm.org](mailto:info@contactderm.org) for more information.

American Contact Dermatitis Society  
555 East Wells Street, Suite 1100, Milwaukee, WI 53202  
Phone: (414) 918-9805 | Fax: (414) 276-3349 | Email: [info@contactderm.org](mailto:info@contactderm.org)