



The Arkansas Dermatological Society Annual Meeting

The Hotel Hot Springs | Hot Springs, AR | April 2-4, 2020



Registration Form

Select One: MD | DO | Resident | Medical Student | APRN | PA | RN | Other

Name:

Spouse's / Guest's Name Attending Meeting:

Clinic Name/Address:

City/State/Zip Code:

Telephone:

Email Required:

Registration Fees (check all that apply):

- Physician Member \$100.00
- Physician Non-Member \$250.00
- Physician's Spouse/Guest \$65.00
- Residents \$15.00

- \$15.00 Resident's Spouse
- Comp Medical Students
- \$15.00 Medical Student's Spouse
- \$90.00 Allied Staff

\$ _____ Amount Enclosed Check Credit Card Name:

Credit Card Number:

Expiration date:

Card Security Code:

Cardholder's name:

Billing Address/City/State/ Zip Code:

Email for receipt:

RESERVATION NUMBERS ARE REQUIRED: For catering purposes, please indicate the number of people attending each activity. *The hotel charges for meals for members/guests who do not show up.*

_____ Thursday Evening: Welcome Reception

_____ Friday Morning: Breakfast

_____ Friday Noon: Luncheon with Speaker & ADS Business Meeting

_____ Friday Evening: Cocktail Reception & Dinner with Speaker

_____ Saturday Morning: Breakfast

Special Assistance: If you are a person with a disability or special dietary need, please let the ADS office know so we can help make your attendance as comfortable as possible.

Refunds: Requests for refunds received before March 20, 2020, will be at the full amount. ***There will be no refunds after March 20, 2020.***