



# The Arkansas Dermatological Society Annual Meeting

April 4-5: DoubleTree Hotel | Little Rock, AR

April 6: UAMS | 4301 W Markham | Little Rock, AR

## Registration Form

Select One: MD | DO | Resident | Medical Student | APRN | PA | CURN | 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 & Dinner

\_\_\_\_\_ Friday Morning: Breakfast

\_\_\_\_\_ Friday Noon: ADS Business Luncheon Meeting or Lunch with Exhibitors

\_\_\_\_\_ Friday Evening: ADS Dinner

\_\_\_\_\_ Saturday Morning: Breakfast at UAMS

**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, 2019, will be at the full amount. ***There will be no refunds after March 20, 2019.***