



Advance Registration Form

Please print clearly. A separate form must be completed for each registrant. Advance Registration Deadline: On or before March 28, 2008; \$50 additional fee for registrations after this date

Name _____

Address _____

City _____ State/Region _____ Zip Code _____ Country _____

Phone _____ Fax _____

Email _____

Indicate how you would like your name to appear on your badge _____

Special Accommodations

_____ Yes, I (the registrant) require an auxiliary aid or service identified in the Americans with Disabilities Act.

Explain: _____

_____ Yes, I (the registrant) require specially-prepared food at group functions.

Explain: _____

Registration Categories And Fees

(NOTE: The registration fee does not include admission to Morning Mini-Sessions. Registrants must sign up for these sessions separately and pay the \$50.00 fee for each Morning Mini-Session.)

	On/before March 28	After March 28
_____ ACMS Life Members	FREE	FREE
_____ ACMS Fellow and Associate Members; Associate Applicants	\$500.00	\$550.00
_____ Current Fellows-in-Training or Dermatology Residents	\$125.00	\$175.00
<i>(A letter of verification from the fellowship director must accompany the registration form.)</i>		
_____ Non-Member Physicians	\$1,150.00	\$1,200.00
<i>(A letter of sponsorship from a member of the ACMS must accompany the registration form.)</i>		
_____ Mohs Surgical Assistants	\$250.00	\$300.00
<i>(A letter of sponsorship from a member of the ACMS must accompany the registration form.)</i>		
_____ Guests – Name: _____	\$200.00	\$250.00
<i>(Fee includes admission to exhibit hall and the Welcome Reception. Does not include admission to the scientific sessions.)</i>		

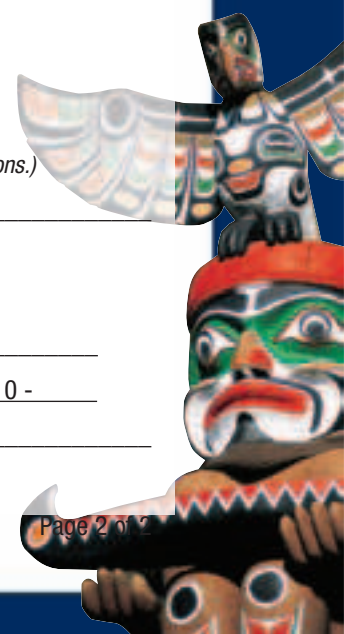
Registration Fee \$ _____

Special Courses

_____ ACMS Diagnostic Quality Control Examination (DQC) \$ _____

_____ DQC Exam for current Mohs Fellows-in-Training \$ - 0 -

Total DQC \$ _____



fold and tear here

Registrant's Name _____

MORNING MINI-SESSIONS

\$50.00/Each session

Thursday, May 1, 2008 – 7:15 am to 8:45 am

Indicate preferred course number and two alternate choices.

1. _____ 2. _____ 3. _____

- MB100 Establishing a Mohs Histopathology Laboratory
- MB101 The Bilobed and Dorsal Nasal Flaps: Suggestions for Improving Flap Designs and Executions

- MB102 Merkel Cell Carcinoma
- MB103 Coding for the Mohs Surgeon
- MB104 Incorporating Cosmetics into a Mohs Practice

Friday, May 2, 2008 – 7:15 am to 8:45 am

Indicate preferred course number and two alternate choices.

1. _____ 2. _____ 3. _____

- MB200 Perioral Reconstruction
- MB201 Management of Head and Neck Masses
- MB202 Periorbital Reconstruction: Simple to Complex

- MB203 Tumor Recurrence Following Mohs Surgery
- MB204 Fillers for the Mohs Surgeon: Reinforcing Basics, Refining Techniques

Saturday, May 3, 2008 – 7:15 am to 8:45 am

Indicate preferred course number and two alternate choices.

1. _____ 2. _____ 3. _____

- MB300 Nasal Reconstruction: Classic and Unconventional
- MB301 CPC: Unusual Cutaneous Tumors
- MB302 Nail Surgery: Beyond the Basics

- MB303 Radiation Therapy for Cutaneous Malignancies
- MB304 The Office: From Setting Up to Maximizing Efficiency

Sunday, May 4, 2008 – 7:15 am to 8:45 am

Indicate preferred course number and two alternate choices.

1. _____ 2. _____ 3. _____

- MB400 Management of Organ Transplant Patients
- MB401 Lasers for the Mohs Surgeon

- MB402 The Role of Imaging in the Management of Non-Melanoma Skin Cancer

Morning Mini-Session Total \$ _____

SUBTOTAL FROM PAGE 1 OF REGISTRATION FORM \$ _____

TOTAL FEES PAID \$ _____

Payment may be made by check or credit card. Check payments, payable to the ACMS, should be made in U.S. dollars only (allow 7 additional days for processing). Send checks and completed Registration Form to ACMS, 2008 Annual Meeting Registration, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202.

For credit card payments:

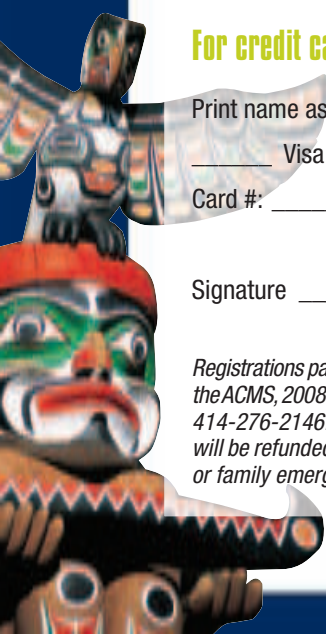
Print name as it appears on card _____

_____ Visa _____ MasterCard _____ American Express

Card #: _____ Expiration date _____

Signature _____

*Registrations paid by credit card may be done online at <http://www.mohscollege.org/annualmeeting> (online registration open to members only), or mailed to the ACMS, 2008 Annual Meeting Registration, 555 East Wells Street, Suite 1100, Milwaukee, WI 53202, or faxed (**make sure both sides of form are faxed**) to 414-276-2146. For questions about registration, please call (414) 347-1103 or email info@mohscollege.org. Cancellations before March 28, 2008 will be refunded all registration fees minus a \$75.00 administration fee. Refunds will not be given after that date except in cases of extreme personal or family emergency. See page 8 for more information.*



fold and tear here