

WDS Annual Meeting ☉ Event Registration Form

Feb 2-4, 2007

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Number of tickets required for Annual Meeting Luncheon:

____ \$45.00 Member/Member Guest ____ \$25.00 Resident ____ \$75.00 Non-Member*

*Non-members may join WDS on-line at www.womensderm.org. Annual dues are \$100. For residents, dues are waived. Thanks to generous sponsorship support, the luncheon fee for residents has been reduced.

I will sponsor the following guest(s)/resident(s). In order to secure tickets, names are required. If you are unable to provide names, the individual(s) WILL NOT be admitted without a ticket. Please print below. Make photocopy of form if submitting more than six (6) names.

List Guests Attending (check all that apply) Luncheon Networking Reception (free) Practice Enhancement (free)
 Academic Dermatologists' Interest Group Breakfast (free)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Number attending Interest Group Breakfast 2/02 ____

Number attending Annual Luncheon 2/04 ____

Number attending Networking Reception 2/02 ____

Total amount enclosed \$ _____

Number attending Practice Enhancement 2/02 ____

Advance registration is required and must be received by January 22, 2007. Tickets will NOT be sold at the door. Refunds, less a \$15 administrative fee, will be available for cancellations received in writing at the WDS office prior to Jan. 22. After that date, no refunds will be given. For further information, contact the WDS office at 1-877-WDS-ROSE or via e-mail at: wds@womensderm.org. Your ticket for admittance will be mailed to you, along with your guest tickets, for distribution. **No one will be admitted to the Luncheon without a ticket.**

Seating: To encourage networking and stimulate lively conversation at the luncheon, attendees will be assigned randomly to tables. For those who use this event as an opportunity to catch up with specific friends and colleagues, reunion seating will be available on a limited basis. Requests will be honored depending on availability of seating.

Requesting reunion seating (please list names of other guests with whom you would like to be seated). _____

The Womens's Dermatologic Society Foundation Contribution (optional)

...a non-profit organization dedicated to supporting the objectives and activities of the Women's Dermatologic Society (WDS) welcomes your optional donation.

____ Yes, I'd like to add my charitable, tax-deductible contribution to the WDS Foundation (Tax ID#20-0084052) in the amount of:

____ \$25 ____ \$50 ____ \$100 ____ \$1000 \$ _____ (list other amount here)

Optional: My donation is in honor of: _____

Indicate payment method below:

____ Check payable to WDS Check # _____ MasterCard Visa American Express (circle one)

Card Number: _____ Exp. _____

Name on Card: _____

Please return this form with payment to the address listed below via fax: 415-927-5726
or register on-line: www.womensderm.org

Women's Dermatologic Society

575 Market Street, Suite 2125 • San Francisco, CA 94105

Questions? e-mail: wds@womensderm.org or call: 1-877-WDS-ROSE (877-937-7673)