

Registration Form

2008 MEMBER RENEWAL RETREAT WEEKEND

Name: _____

Organization/Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

REGISTRATION FEE:

WDS Member/Pending Member Fee \$400 _____
(Retreat registration fee does not include hotel accommodations.)

Number of WDS Retreats you have attended: # _____

I plan to share a hotel room with another WDS member: Yes No

Name of Member: _____

I am a resident and am applying for a scholarship: Yes No
(If yes, no need to include payment. Scholarships will be awarded by March 31, 2008.)

I am attending the WDS Board and Leadership Retreat (prior to the Renewal Retreat.): Yes No

I plan to attend the WDS Golf Clinic at Kiawah Island (6/22-6/23) Fee: \$999 Yes No **CANCELLED**
(Note: This is an optional add-on activity and not included as part of the Retreat.)

I would like to receive information about members who plan to play tennis during the Retreat at nearby courts. Free Yes No

TOTAL AMOUNT INCLUDED: \$ _____

PAYMENT METHOD:

If paying by credit card, complete the information below and fax to 415-927-5726:

Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

If paying by check, make payable in U.S. dollars to WDS and mail to: WDS, 575 Market Street, Suite 2125, San Francisco, CA 94105



Email: wds@womensderm.org • www.womensderm.org
Phone: 415-764-4925 • Fax: 415-764-4933