

PDA 61ST ANNUAL MEETING REGISTRATION FORM

First Name: _____ Last Name: _____

Degree: _____ Affiliation (For Badge, please limit to 18 characters): _____

Nickname (How would you like your name to appear on your nametag?): _____

Address: _____

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

Phone: _____ Fax: _____

Email: _____

Spouse/Guest Full Name: _____

REGISTRATION CATEGORY:

	BY JULY 6, 2009	AFTER JULY 6, 2009	FEES
<input type="checkbox"/> PDA Member	\$300	\$350	\$ _____
<input type="checkbox"/> Non Member	\$550	\$600	\$ _____
<input type="checkbox"/> Resident**	FREE	FREE	
<input type="checkbox"/> Spouse/Guest+	FREE	FREE	
<input type="checkbox"/> Office Staff*			

** Dermatology residents may register for no fee with a letter from their program director.

+ Limited to one person per registrant.

*Please contact PDA for rates and information.

SOCIAL FUNCTIONS:

	# OF TICKETS
<input type="checkbox"/> Welcome Reception (Wednesday, August 12, at 5:00 pm) _____ @ No Fee	
<input type="checkbox"/> President's Dinner (Saturday, August 15, at 7:00 pm) _____ @ \$99 Adult _____ @ \$50 Child (under 18)	\$ _____

Special Meal Requests: Vegetarian Kosher Other: _____

OPTIONAL ACTIVITIES: (Friday, August 14)

<input type="checkbox"/> Columbia River Gorge Tour (2:00 pm) _____ @ \$50 pp (limited to 54 people)	\$ _____
<input type="checkbox"/> Golf Tournament (2:00 pm); Handicap: _____ @ \$120 pp	\$ _____
Club rental needed? <input type="checkbox"/> Left-handed <input type="checkbox"/> Right-handed _____ @ \$30 pp	\$ _____
<input type="checkbox"/> Tennis Tournament (2:00 pm) _____ @ 30 pp	\$ _____
Racquet rental? <input type="checkbox"/> Yes <input type="checkbox"/> No Rating/Skill Level (circle one): Beginner Intermediate Advanced	

TOTAL REGISTRATION FEES: \$ _____

METHOD OF PAYMENT: Check** Visa Mastercard AMEX

Card #: _____

Exp. Date: _____

Cardholder Name (please print): _____

Signature: _____

**Payable to Pacific Dermatologic Association or PDA. All checks must be made in U.S. dollars, drawn on U.S. Banks.



It is very important that you enjoy PDA 2009. If due to a disability, you have any special needs or requirements, please call (415) 927-5729 and we will do our best to accommodate your needs.

PHONE REGISTRATIONS NOT ACCEPTED.

Please select one of the following three options:

- 1 **By Fax:** (415) 927-5726 (Visa/MC/AMEX)
- 2 **On-Line:** www.pacificderm.org (Visa/MC/AMEX)
- 3 **By Mail:** PDA
575 Market Street, Suite 2125
San Francisco, CA 94105
(Check/Visa/MC/AMEX)

Registration fees, less \$25 administration fee, will be refunded following the meeting upon written notice of cancellation to the PDA headquarters office. In order to qualify for a refund of fees, cancellation notice must be received in writing no later than July 6, 2009. There will be no provisions for partial registration fees or refunds for activities not attended.

