

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 7, 2008	AFTER JULY 7, 2008	FEE
<input type="checkbox"/> PDA Member	\$250	\$300	\$ _____
<input type="checkbox"/> Non Member	\$500	\$550	\$ _____
<input type="checkbox"/> Office Staff*	\$200	\$250	\$ _____
<input type="checkbox"/> Resident**	FREE	FREE	
<input type="checkbox"/> Spouse/Guest+	FREE	FREE	

Please indicate if you are: New Member 1st Time Attendee

* Employing physician must be in attendance. ** Dermatology residents may register for no fee with a letter from their program director. + Limited to one person per registrant.

OPTIONAL SESSIONS # OF TICKETS

Injectables: Botox & Fillers (Thursday, August 7 at 2:00 pm) _____ @ No Fee

Practice Management Symposium (Saturday, August 9 at 2:00 pm) _____ @ No Fee

SOCIAL FUNCTIONS # OF TICKETS

Welcome Reception (Wednesday, August 6, at 5:00 pm) _____ @ No Fee

President's Dinner (Saturday, August 9, at 7:00 pm) _____ @ \$99 Adult _____ @ \$50 Child (under 18)

Special Meal Requests: Vegetarian Kosher Other: _____

OPTIONAL ACTIVITIES (Friday, August 8)

Muir Woods & Sausalito Tour _____ @ \$60 pp (limited to 28) \$ _____

Golf Tournament (2:00 pm); Handicap: _____ @ \$150pp \$ _____

Club rental needed? Left-handed Right-handed _____ @ \$45 pp \$ _____

Tennis Tournament (2:00 pm) _____ @ \$25 pp \$ _____

Racquet rental? Yes 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.

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 10, 2008. There will be no provisions for partial registration fees or refunds for activities not attended.