



MEDICAL DERMATOLOGY SOCIETY  
 2025 ANNUAL MEETING REGISTRATION FORM  
 Thursday, March 6, 2025  
 Orlando, Florida

**ADVANCED REGISTRATION DEADLINE: FRIDAY, FEBRUARY 21, 2025**

MEETING ATTENDEE INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree(s) \_\_\_\_\_  
 Institution/Department \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email \_\_\_\_\_

AFFILIATION: **Check all that apply**

\_\_\_\_\_ Private \_\_\_\_\_ Academic \_\_\_\_\_ Resident/Post-Doctoral-Fellow \_\_\_\_\_ Medical Student \_\_\_\_\_ Corporate/Pharma

MEETING REGISTRATION RATES

Until February 21, 2025\*

ONSITE

_____ MDS Member	\$225.00	\$275.00
_____ Affiliate Member	\$325.00	\$375.00
_____ 1 <sup>st</sup> Year Post Residency and/or Fellow Member	\$125.00	\$175.00
_____ Residents / Post-Doctoral Fellow Member**	\$75.00	\$100.00
_____ Medical Student Member**	\$25.00	\$50.00
_____ Non-Member	\$525.00	\$575.00
_____ Residents / Post-Doctoral Fellow NON-Member**	\$150.00	\$150.00
_____ Medical Student Member NON-Member**	\$100.00	\$100.00

**\*Cancellations after February 21st will not receive a refund.**

**\*\*Residents, Post-Doctoral Fellows and Medical Students must include a letter from their department verifying their status. Letters must be signed and on official university/institution letterhead.**

Sponsor your departments Medical Students, Residents/Post-Doctoral Fellows to attend the MDS Annual Meeting

\_\_\_\_\_ NUMBER OF Medical Student Sponsors \$ 25.00 \$ 25.00  
 \_\_\_\_\_ NUMBER OF Resident/Fellow Sponsors \$ 75.00 \$ 75.00

If you would like to sponsor a specific attendee, please include their name and email address below and we will reach out to them directly to process their registration:

Name \_\_\_\_\_ Email Address: \_\_\_\_\_

PAYMENT METHOD AND INFORMATION

CHECK: Payable to "Medical Dermatology Society" Drawn from a United States Bank in United States Currency

CREDIT CARD: Credit Card Information \_\_\_\_\_ American Express \_\_\_\_\_ Master Card \_\_\_\_\_ Visa

Name on Card (please print) \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV Security code: \_\_\_\_\_

Signature: \_\_\_\_\_



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*Please note when paying by credit card, the transaction line item on your billing statement will show as SID.*

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FORWARD THE COMPLETED REGISTRATION FORM TO THE MDS OFFICE OR REGISTER ON-LINE BY VISITING THE MDS WEBSITE

EMAIL [MDS@SIDNET.ORG](mailto:MDS@SIDNET.ORG)

FAX 216.579.9333

MAIL Medical Dermatology Society, 526 Superior Avenue, East, Suite 340, Cleveland, Ohio 44114

WEBSITE <http://www.meddermsociety.org>