

REGISTRATION FORM



International Society of Dermatopathology
19th Joint Meeting
March 2-3, 2016
Hilton Crystal City at Washington Reagan National Airport
2399 Jefferson Davis Hwy
Arlington, VA 22202, USA

Advanced Registration Deadline:
February 16, 2016

*One form per registrant.
 Please make copies of this form if needed.*

Please print

Member I.D. #(if known) _____

Name _____

Address _____

City _____ State/Province/Region _____

Postal Code _____ Country _____

Phone _____ Fax _____ Email _____

Registration includes Onsite Program Book and admittance to Scientific Sessions, Coffee Breaks, and Welcome Reception.

- Check category: ISDP Member **\$350.00** (*please be certain that your membership dues have been paid including 2016*)
 Non-Member **\$500.00**
 Resident/Fellow **\$175.00** (*please include letter of verification from program director*)

Registration Fee \$ _____

Self Assessment in Dermatopathology (These sessions are **identical**, choose one) \$ _____

_____ **Session A** (*open to the first 40 registrants*) **8:00am- 10:00am** - Wednesday/March 2, 2016 ***Fee: \$150.00**

_____ **Session B** (*open to the first 40 registrants*) **10:30am-12:30pm** - Wednesday/March 2, 2016 ***Fee: \$150.00**

***Fee includes CD of the Self Assessment Course**

The International Society of Dermatopathology is approved by the American Board of Dermatology (ABD) for 100 questions credit to fulfill the Periodic Self Assessment requirement for ABD Maintenance of Certification (MOC). The International Society of Dermatopathology is approved by the American Board of Pathology (ABP) to provide Self-Assessment Modules (SAMs) for Part II of the ABP Maintenance of Certification (MOC) program. The ISDP Self-Assessment in Dermatopathology course offers six (6.5) ABP SAMs. ABP-boarded participants can only claim either SAMs or CME for this activity

Continuing Medical Education (CME)

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Scientific Symposiums International and the International Society of Dermatopathology. Scientific Symposiums International is accredited by the ACCME to provide continuing medical education for physicians, and designates this educational activity for a maximum of 15 hours "AMA PRA Category 1 Credit".

ADDITIONAL CREDITS

The International Society of Dermatopathology Joint Meeting (Program #439100) is recognized by the American Academy of Dermatology for 15 AAD Recognized Credit(s) and may be used towards the American Academy of Dermatology Continuing Medical Education Award.

Verification of Attendance

You will receive a Certificate of Attendance at the meeting. This is for you to keep as record of attendance.

Persons With Disabilities

The ISDP provides services for persons with disabilities. If special arrangements are required for an individual to attend this meeting, please notify the Society headquarter office prior to the meeting at 650-726-5481.

Cancellation/Refund Policy

Registration fees, less \$50.00 administration fee, will be refunded upon notice of cancellation to the ISDP office. In order to qualify for a refund of fees, cancellation notice must be received in writing **no later than Feb 16, 2016**. There will be no refund of fees for cancellation received after this date or for lack of attendance without notification.

Post-Registration Deadline Fee . \$ _____
 (After February 16, 2016, add \$50.00)

Total Fee Enclosed \$ _____

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If paying by check, make payable in U.S. dollars to: **The International Society of Dermatopathology** and mail to: ISDP, P.O. Box 3005, Half Moon Bay, CA 94019-3005 (USA). Allow 5 extra business days for processing.

If paying by credit card, complete the information below and mail to same address as noted above.

- Visa MasterCard American Express

All fields below are required:

Card Number: _____

Expiration Date: -----/----- CVV Code _____

Name of Cardholder: _____

Signature: _____

OR REGISTER & PAY ON-LINE AT
www.intsocdermpath.org/meetingreg

For further information, please contact:

The International Society of Dermatopathology
 P.O. Box 3005, Half Moon Bay, CA 94019-3005 (USA)
 Phone/Fax: 650-726-5481 Email: intsocdp@sbcglobal.net

*****Only On-Site Registrations be will accepted after February 16, 2016*****