

SDEF's 20th Annual Las Vegas Dermatology Seminar®

November 7-9 2019

The Cosmopolitan, Las Vegas, NV

Featuring the Cutaneous Malignancies Forum (Optional Pre-Conference Forum, Wednesday, November 6)

NOTE: Group registrations MUST be submitted together for group prices.

Prices below for reference only, please indicate in payment section when completing registration on next page

SINGLE REGISTRANTS					
BEST VALUE! - SDEF's Las Vegas Dermatology Seminar (Nov. 7-9) with Cutaneous Malignancies Forum Included (Nov. 6)					
	Until July 15	July 16 - September 16	Sept 17 - October 7	October 8 - November 5	Onsite
Physicians	\$450	\$575	\$700	\$825	\$950
PAs/ NPs / RNs / Pharmacists	\$375	\$500	\$625	\$750	\$875
Residents	\$325	\$375	\$425	\$425	\$425
2 OR MORE REGISTRANTS					
BEST VALUE! - SDEF's Las Vegas Dermatology Seminar (Nov. 7-9) with Cutaneous Malignancies Forum Included (Nov. 6)					
	Until July 15	July 16 - September 16	Sept 17 - October 7	October 8 - November 5	Onsite
Physicians	\$425	\$525	\$625	\$725	\$800
PAs/ NPs / RNs / Pharmacists	\$350	\$450	\$550	\$650	\$725
Residents	\$295	\$295	\$295	\$295	\$295

SINGLE REGISTRANTS					
SDEF's Las Vegas Dermatology Seminar Only (Nov. 7-9)					
	Until July 15	July 16 - September 16	Sept 17 - October 7	October 8 - November 6	Onsite
Physicians	\$350	\$450	\$550	\$650	\$750
PAs/ NPs / RNs / Pharmacists	\$275	\$375	\$475	\$575	\$675
Residents	\$225	\$250	\$300	\$300	\$300
2 OR MORE REGISTRANTS					
SDEF's Las Vegas Dermatology Seminar Only (Nov. 7-9)					
	Until July 15	July 16 - September 16	Sept 17 - October 7	October 8 - November 6	Onsite
Physicians	\$325	\$400	\$475	\$550	\$625
PAs/ NPs / RNs / Pharmacists	\$250	\$325	\$400	\$475	\$550
Residents	\$195	\$195	\$195	\$195	\$195

Cancellation policy: Full refund less a \$50 administrative fee as follows: Cancellations can be made using our online registration system until September 23, 2019. After September 23, 2019 no refunds will be granted. After the refund date, you have two options: you can send someone in your place, or we can mark a credit in the amount you paid minus \$50 administration fee (plus additional \$50 administration fee per workshop) to be applied to your registration for next year's conference. Refunds will not be issued to no-show.

RETURN THIS FORM TO:
 Global Academy for Medical Education
 7 Century Drive, Suite 301, Parsippany, NJ 07054
 (F) 201-822-6114; (E) events@globalcmelive.com

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"Print additional pages as needed"

REGISTRATION OPTIONS

- BEST VALUE! - SDEF's Las Vegas Dermatology Seminar with Cutaneous Malignancies Forum Included (Nov 6-9)
 SDEF's Las Vegas Dermatology Seminar Only (Nov. 7-9)

REGISTRANT INFORMATION

First Name: _____ Last Name: _____

NPI / ME or License Number: _____

Degree: MD DO PA NP RN Pharmacist Resident

Practice Name/Affiliation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address (for confirmation): _____

Specialty: _____

Years in Practice: 1-5 6-10 11-15 16-20 20+

Type of Practice: Office Hospital Clinic Other _____

How did you learn about LVD: Brochure by mail Email invitation Ad in journal Online banner ad
 Colleague Social Media Other _____

TYPE OF PROFESSION *(Please check option below & note price from attached page)*

Physicians PAs/ NPs / RNs / Pharmacists Residents

TOTAL REGISTRANTS _____ YOUR PRICE \$ _____

PAYMENT INFORMATION

All fees must be paid in advance and accompany this registration form. Forms received without payment will not be processed. Sorry we cannot bill. (Federal Tax ID #27-0893910). NOTE: Group registrations MUST be submitted together for group prices.

- Individual registration, please charge card below
 Part of group, please charge card below Part of group, please charge entire group to same card

Additional Info / Instructions: _____

AMEX MasterCard Visa Check enclosed. Payable to:
Global Academy for Medical Education/LVD

Credit card number: _____ Exp. Date: _____

Name on card: _____ Signature: _____

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