SDEF's 44th Annual Hawaii Dermatology Seminar®

February 16-21, 2020

Hyatt Regency Maui, Lahaina, Maui, Hawaii

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

	Until September 9	September 10 - October 28	October 29 - January 10	January 11 - February 15	Onsite
Physicians	$595	$695	$795	$995	$1250
PAs/ NPs / RNs / Pharmacists	$445	$495	$595	$795	$995
Residents	$300	$325	$350	$375	$400

2 OR MORE REGISTRANTS

	Until September 9	September 10 - October 28	October 29 - January 10	January 11 - February 15	Onsite
Physicians	$575	$645	$725	$895	$1095
PAs/ NPs / RNs / Pharmacists	$425	$445	$525	$695	$895
Residents	$275	$300	$325	$350	$350

Cancellation policy: Full refund less a $50 administrative fee as follows: Cancellations can be made using our online registration system until January 3, 2020. After January 3, 2020, 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

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 _____

Let us know how you learned about this conference: ☐ Brochure by mail ☐ Email invitation ☐ Ad in journal ☐ Online banner ad ☐ Colleague ☐ Social Media ☐ Other _____

REGISTRATION OPTION *(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/HDS

Credit card number Exp. Date

Name on card Signature

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