



Meeting Registration and Hotel Reservations DF Clinical Symposia – Advances in Dermatology

January 20-24, 2010 – Naples, Florida

IMPORTANT DATE

REGISTRATION AND HOTEL RESERVATION DEADLINE DECEMBER 1, 2009

INSTRUCTIONS

To register for the DF Clinical Symposia program and reserve your hotel accommodations, complete and submit the form on the reverse side by the registration deadline of December 1, 2009.

Be sure to provide payment information and fax or mail the form to:

Dermatology Foundation
c/o Detail Planners
1452 Distant Oaks Drive
Wesley Chapel, FL 33543
Fax: 813.464.2873

A meeting registration confirmation will be sent to you from Detail Planners. Room confirmations will be sent directly from the hotel.

HOTEL INFORMATION

A limited number of hotel rooms have been reserved at a discounted rate of \$449 for meeting registrants at The Ritz-Carlton, Naples. This ocean front resort offers dazzling views of the Gulf of Mexico, warm golden sunsets, three miles of pristine beach, a world-class spa and seven unique restaurants.

Rooms will be available on a first-come, first-served basis so be sure to make your reservations early to secure your space.

Special room rates are only available through **December 15, 2009** and are subject to availability thereafter. A deposit for the first and last day of your stay is required to secure your reservation. To obtain the room rate negotiated for this meeting, complete this form and return it to Detail Planners as soon as possible. *Room confirmations will be sent directly from the hotel.*

MEETING AND HOTEL CANCELLATION POLICY

Meeting registrations must be cancelled in writing and sent to Detail Planners at the fax or address noted above. Cancellations received after December 1, 2009 will be subject to a cancellation fee of \$100 for registrants and \$35 for each spouse/guest. There will be no refunds for meeting registrations cancelled after December 15, 2009.

All hotel reservation cancellations and changes must be submitted to Detail Planners no later than December 15, 2009. Cancellations received after December 15, 2009 will result in forfeiture of the two night deposit. No shows will be charged the contracted rate for the reserved stay.

QUESTIONS?

Please call Detail Planners at 813.991.4565 if you have any questions.

(OVER)

Registration and Hotel Reservation Form

DF Clinical Symposia – January 20-24, 2010

INSTRUCTIONS

To register and make hotel reservations, fax or mail this form to:

Dermatology Foundation c/o Detail Planners, 1452 Distant Oaks Drive, Wesley Chapel, FL 33543
 Phone: 813.991.4565 Fax: 813.464.2873

**REGISTRATION
 DEADLINE
 December 1, 2009**

PLEASE COMPLETE ALL SECTIONS. INCOMPLETE FORMS WILL DELAY YOUR REGISTRATION.

REGISTRANT INFORMATION

First Name _____ Last Name _____
 First Name for Badge _____ Degree(s) _____
 Institution/Corporation _____ Title _____
 Address _____
 City _____ State _____ Zip _____
 Cell Phone _____ Office Phone _____ Fax _____
 E-mail _____
 Emergency Contact Name _____ Emergency Contact Phone _____

REGISTRATION FEES AND PAYMENT

- Member.....\$400
- Non-member...\$500....\$100 of your meeting registration fee will be credited to DF basic membership (\$250)
- Resident.....\$100
- Spouse/Guest..\$125....this fee is required if you wish to bring a spouse/guest to the two evening events
 Spouse/Guest Name _____

TOTAL PAYMENT AMOUNT _____

- CHECK - make checks payable to *Dermatology Foundation* and mail payment with this form
- VISA MASTERCARD - credit card payments may be mailed or faxed with a copy of this form

Account Number _____ - _____ - _____ - _____ Exp. Date _____ / _____

Cardholder Name _____ Signature (required) _____

HOTEL RESERVATION AND PAYMENT

- YES, I require a hotel reservation at The Ritz-Carlton, Naples. (*\$449 per night*)
A limited number of rooms are available and reservations are available on a first-come, first-served basis.
- NO, I do not require a hotel reservation at The Ritz-Carlton, Naples. I will be staying at _____

If you indicated YES above, please indicate reservation and payment information below:

ARRIVAL DATE: _____ DEPARTURE DATE: _____ ROOM PREFERENCE: King Bed Double Beds

- VISA MASTERCARD PLEASE USE THE SAME CARD INFORMATION AS ABOVE

Account Number _____ - _____ - _____ - _____ Exp. Date _____ / _____

Cardholder Name _____ Signature (required) _____

CONCURRENT BREAKFAST SESSIONS

Sessions will be assigned on a first-come, first-served basis. Please see the meeting program for topics and identify those you would like to attend. Select two sessions for each day - 1st choice and 2nd choice.

Thursday, January 21		Friday, January 22		Saturday, January 23	
1st choice	2nd choice	1st choice	2nd choice	1st choice	2nd choice
___ I	___ I	___ I	___ I	___ I	___ I
___ II	___ II	___ II	___ II	___ II	___ II
___ III	___ III	___ III	___ III	___ III	___ III
___ IV	___ IV	___ IV	___ IV	___ IV	___ IV

Yale Continuing Medical Education designates this educational activity for a maximum of 16 AMA PRA Category 1 Credits™ for participation in the entire 3-day program.

Special Needs: _____

EVENING EVENTS RSVP

Pre-registration is required for receptions. Please indicate the number of attendees and registered spouses/guests that will attend each reception.

- Welcome Reception - Wednesday, January 20, 7:00 p.m. Yes, _____ will attend No, I will not attend
 "Meet the Faculty" Reception - Saturday, January 23, 7:00 p.m. Yes, _____ will attend No, I will not attend