



INDIANA ACADEMY OF DERMATOLOGY SPRING 2022 MEETING

May 13, 2022

The Alexander Hotel

333 S Delaware Street Indianapolis, IN

REGISTRATION FORM (please complete and return a form for each attendee)

Name and title: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____
(email address will be used for correspondence regarding this meeting and other IAD business)

Please check one:

_____ IAD Member (no fee if dues for 2022 have been paid already)

_____ Non-member physician (\$250 per person)

_____ PA or NP (\$100 if work at IAD member's practice; \$250 each otherwise)

Name of supervising IAD member physician: _____

_____ Resident, fellow, or medical student (free)

Name of your training program: _____

Please register by April 16, 2022

Return a copy of this form (and payment if applicable) to: Indiana Academy of Dermatology; c/o Kay Williams (address and fax below). If you have not paid your IAD dues for 2022, please include a check for \$250 made payable to: Indiana Academy of Dermatology.