



# SID ANNUAL MEETING PORTLAND 22

## VIRTUAL MEETING REGISTRATION

### ATTENDEE INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Degree \_\_\_\_\_ Title \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### GENDER

- Female
- Male
- Non-Binary / Third Gender
- Prefer to self-describe \_\_\_\_\_
- Prefer not to say

### GENDER PRONOUN

- He/him/his
- She/her/hers
- They/them/theirs
- Prefer to self-describe \_\_\_\_\_

### RACE/ETHNICITY

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

First-time Attendee?  Yes  No

### AFFILIATION

(Check all that apply)

- Academic
- Post-Doctoral Fellow
- Resident
- Student
- Government
- Industry
- Private Practice
- ASDR Member
- ESDR Member
- JSID Member
- KSID Member
- TSID Member
- Advocacy/NonProfit
- Coalition of Skin Diseases
- Other \_\_\_\_\_

### COMMUNICATIONS

I would like to receive e-mail correspondence from the SID regarding Annual Meeting Information and Updates.

Yes  No

## VIRTUAL MEETING REGISTRATION FEES

### REGISTRATION CATEGORIES

**SID Member**  \$324  
(includes ESDR Joint Membership):

**Non-Member**  \$599

**ISID Member\*** (ASDR, JSID, KSID, TSID, ESDR non-SID joint membership):  \$324

**Administrator/Lab Technician:**  \$259

### TRAINEE CATEGORIES\*\*\*

**Resident/Post-Doc Member**  \$184

**Resident/Post-Doc Non-Member**  \$259

**Student**  \$74

\* Registration in this category is pending verification by the SID Office of a valid membership with the home society.

\*\*\* Non-Member Residents, Post-Doctoral Fellows and Pre-Doctoral Students must mail or fax to the SID office a letter from their department verifying their status. Letters must be signed and on official university/institution letterhead.

## PAYMENT INFORMATION

Enclose a check in US dollars drawn on a US bank made payable to the SID, or supply credit card information below.

**Total: \$** \_\_\_\_\_

**Check #:** \_\_\_\_\_

Payment by check saves the SID 5% credit card processing fees.

Visa  Mastercard  American Express

**Card #:** \_\_\_\_\_

**CVV\*** \_\_\_\_\_ **Expiration Date:** \_\_\_\_ / \_\_\_\_

\*Security Code

**Authorized Signature**

\_\_\_\_\_

**Name on Card**

\_\_\_\_\_

**Billing Address for Card** (if different from attendee information)

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