



REGISTRATION
ACDS 36th Annual Meeting
 THURSDAY, MARCH 6, 2025
 Rosen Plaza® Hotel
Orlando, FL



NOTE There are two hotels in Orlando with very similar names: **Rosen Plaza** and the Rosen Centre. The ACDS meeting will be located at the **Rosen Plaza**.

Contact Information

Name _____ Designation(s) MD, PhD, DO, etc. _____

Preferred Name _____ Phone _____ Email _____

Address _____ City _____ State/Province _____ Zip/Postal Code _____ Country _____

Event Registration

Early Bird registration ends at 11:59pm CST on **January 31, 2025**. Registration after this date will result in the regular rate being applied. **To qualify for the membership rate**, you must have membership status that is active upon registration **and** at the time of the event.

Select Registration Type	Early Bird	Regular
<input type="checkbox"/> ACDS Physician Member	\$275	\$300
<input type="checkbox"/> Non-Member Physician	\$375	\$400
<input type="checkbox"/> Industry Representative	\$250	\$275
<input type="checkbox"/> Non-Physician Clinical Staff Nurse, PA, office staff, etc.	\$75	\$100
<input type="checkbox"/> Resident	\$25	\$25
<input type="checkbox"/> Medical Student	\$25	\$25

Additional Events

Will you be attending the Cocktail Reception immediately following the Contact Allergen Bee after the Annual Meeting? Yes No

Will you be participating in the Contact Allergen Bee? Residents only Yes No

Special Accommodations

If you have a need for **dietary restrictions**, please list them here: _____

If you have a need for **other/additional special accommodations**, please list them here: _____

Permissions

Photography Disclosure: Please note ACDS is photographing and video recording a portion of this event. These photographs and video recordings, along with your name, may be used in ACDS publications or on the ACDS website. If you do not want your photo used, please inform the staff photographer or videographer at the time the photograph and video recording is taken. I understand & agree

Do you agree to be contacted by the Annual Meeting industry supporters and exhibitors? Yes No

Payment Information

Select one: American Express Discover Mastercard Visa Check Make check payable to ACDS

NOTE: When using a credit card, consider including the credit card processing fee of 2.3% to help offset the cost.

Credit Card Number _____ Expiration Date _____

Name as it appears on the card *Printed* _____

Cardholder's Signature *Required* _____

Registration: \$ _____

Credit Card Fee (2.3%) \$ _____
Optional

Total: \$ _____

Cancellation Policy

A refund request must be submitted in writing at least one month prior to the event and is subject to a \$50 cancellation fee. Any request submitted within one month of the event is non-refundable. Please reach out to info@contactderm.org for more information.