



**REGISTRATION FORM - PRE-CONGRESS DAY SESSION AT NAVDF  
 14 APRIL 2010, PORTLAND, OREGON**

**APPLICANT INFORMATION**

Name and Degree:

Hosp/Company/Institutional Affiliation:

Street address:

City:	State:	Country:	Postal/Zip
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Telephone:	Fax:	Email:
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**REGISTRATION FEES**

[REGISTRATION FEES [please check one, no fee required for ISVD speakers.]

\$115 ISVD members     \$150 non-ISVD members     \$60 dermatology/pathology residents

**PAYMENT DETAILS**

I have enclosed a check or money order in US dollars or the equivalent.  
 [Checks for US dollars must be drawn on a US bank.]

I am paying by:	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard	Signature:
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Card Number:                    -                    -                    -	Exp date                    /                    (MM/YY)
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Security code (the 3 digits on the back of the card)    \_ \_ \_

Address where you receive your credit card statements (If different from above):

Street address:

City:	Country:	Postal / ZIP Code:
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[Please note that your card will be charged the US\$ amount.]

Please mail your completed form to:

ISVD  
 C/O Emily J Walder, VMD  
 623 Woodlawn Ave  
 Venice, CA 90291 USA

Or: For credit card payments only fax the form to (00-1-) 310-574-3330.  
 For security reasons, please do not e-mail credit card info.