

**Connecticut Dermatology and Dermatologic  
Surgery Society  
Annual Education Program**



October 25, 2017 • 3:00pm - 9:00pm

The Aqua Turf

556 Mulberry Street, Plantsville, Connecticut

Member Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

I have paid my 2016 Society Dues  Yes  No

if not paid please send dues statement to the following email address \_\_\_\_\_

\_\_\_\_\_ Attending

\_\_\_\_\_ Not Attending

\_\_\_\_\_ **Member Physician - Complimentary if registered by October 13, 2017- After October 13, \$100**

\_\_\_\_\_ **Non-Member Physician - \$195.00**

\_\_\_\_\_ **Non-MD or Administrative Personnel - \$70.00**

*A \$50.00 assessment fee will be charged to those physician members who register  
and do not attend the program without 48 hour written notice or an emergency.*

Please mail this form to:

CDS, P.O. Box 1079, Litchfield, CT 06759 Tel. 860-567-4911

or fax to: 860-567-3591 or email Debbie Osborn at debbieosborn36@yahoo.com

Check #: \_\_\_\_\_ Received: \_\_\_\_\_ Amount: \_\_\_\_\_

**Complimentary Early Registration for M.D. Members is October 13, 2017**

**After October 13, 2017 \$100.00**