

Connecticut Dermatology and Dermatologic Surgery Society

Annual Education Program

May 6, 2020 • 2:30pm - 9:00pm

The Aqua Turf

556 Mulberry Street, Plantsville, Connecticut



Member Physician: _____

Address: _____

Telephone: _____ FAX: _____

Email: _____

I have paid my 2020 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 April 1, 2020 - After April 1, 2020 \$100**

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

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

_____ **Duplicate CME Certificate \$12.00 Date of Certificate needed: _____/_____/_____**
month year

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 April 1, 2020

After April 1, 2020 \$100.00