



**Connecticut Dermatology and Dermatologic Surgery Society**

**P.O. Box 854, 26 Sally Burr Road**

**Litchfield, CT 06759**

**Tel. (860) 567-3787 Fax (860) 567-3591**

## **Speakers Expense Report**

**Fax to 860-567-3591 or Email [debbiesborn36@yahoo.com](mailto:debbiesborn36@yahoo.com)**

Date of Scientific Program: \_\_\_\_\_

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone number \_\_\_\_\_

Address Payment should be mailed to \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Travel \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

Misc \$ \_\_\_\_\_ Description \_\_\_\_\_

Total amount of reimbursement \$ \_\_\_\_\_