Acne, Hidradenitis Suppurativa and Pyoderma Gangrenosum

Pearls, Pitfalls and What's New

Registration Form

April 17, 2020
Graduate Hotel
Minneapolis, MN

Please type or print clearly. A name badge and Statement of Participation are generated from this document. 20148

Name _____

Affiliation _____ **Department** _____

Address _____ ☐ HOME ☐ OFFICE

City _____ **State** _____ **Zip** _____

Telephone _____ **E-mail** _____

Receipts, confirmations and driving directions are e-mailed from our office. Please provide your e-mail address and print clearly.

DEGREE

☐ MD ☐ DO ☐ PhD ☐ PA ☐ RN
☐ APRN (NP, CNS, CRNA, CNM) ☐ Other-*specify* _____

SPECIALTY

☐ Dermatology / Subspecialty _____
☐ Surgery / Subspecialty _____
☐ Family Medicine / Subspecialty _____
☐ Internal Medicine / Subspecialty _____
☐ Other _____

REGISTRATION FEES	**Early Rate** Now to March 13	**Regular Rate** After March 14
☐ Physician	$75	$100
☐ Other Healthcare Professionals	$75	$100
☐ Resident/Fellow	$0	$0
☐ Medical Industry Professional	$200	$300

Published Attendee List: May we include your name, degree, clinic, city, state, country (no email, no mailing address) on the registrant list available to planning committee, exhibitors, speakers, and attendees of this conference only? ☐ Yes ☐ No

How did you hear about this conference?

☐ Employer ☐ Email ☐ Colleague/Friend ☐ Website ☐ Flyer ☐ Other: _____

Mailing List: May we contact you about future course and program offerings? You will only be contacted by programs whose courses or conferences you have attended. Your information will not be shared with outside parties. You may change your selection at any time. ☐ Yes, by email ☐ Yes, by mail ☐ No, do not contact me

Group Registration

A minimum of 3 registrants are required for a group discount of $20 per person to be deducted from the corresponding registration fee listed above. Please send all registrations together with check payment. NO refunds will be issued if a person from a group has to cancel or does not show up at the conference. Normal refund policy applies for complete group cancellations.

SPECIAL REQUESTS *Special needs, such as dietary restrictions, lactation room, etc., should be* ***requested in advance****. These requests cannot always be honored on site.* Dietary: _____ Other: _____

Please be aware that CPD may take photos/video of participants at CPD events and these may appear in CPD's promotional materials. Your attendance constitutes your permission and consent for photography and video subsequent usage

TO REGISTER

Mail this registration form and your check, payable to Regents of the University of Minnesota, to: Office of Continuing Professional Development, University of Minnesota Medical School, MMC 293, Mayo Memorial Bldg. Room G-254, 420 Delaware Street SE, Minneapolis, MN 55455. **For credit card payment, register online at z.umn.edu/suppurativa**

CANCELLATION POLICY

In the event you need to cancel your registration, the registration fee, less a $50 administrative fee, will be refunded if you notify us by 4:30 p.m. CST on **Friday, April 3, 2020**. No refunds will be made after this date. If you have any questions, please contact our office at (612) 626-7600 or (800) 776-8636, or e-mail us at cme@umn.edu.

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Continuing Professional Development