

Registration Form

INTERMOUNTAIN DERMATOLOGY SOCIETY
ANNUAL MEETING
SEPTEMBER 14-15, 2018
SUN VALLEY, IDAHO

APPROVED FOR 10 HOURS CME CATEGORY I CREDIT

FULL NAME: _____

ADDRESS: _____

DAYTIME #: _____

EMAIL: _____



REGISTRATION FEE:

M.D, D.O. \$450.00
PA-C, N.P. \$400.00



TOTAL: \$ _____

**MAKE CHECKS PAYABLE TO: INTERMOUNTAIN
DERMATOLOGY SOCIETY**

MAIL TO: IDS
 ATTN: LISA SMITH
 30 NORTH 1900 EAST
 4A330 SOM
 SALT LAKE CITY, UT 84132-2409
 OR

**REGISTER ONLINE AT
UOFUMEDICINE.ORG/IDS**

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