



APPLICATION/CONTRACT FOR:
PROGRAM BOOK ADVERTISING
ISDP 26th Joint Meeting, March 15-16, 2023
 621 St Louis Street, New Orleans, Louisiana, USA

CONFIRMATION AND OTHER INFORMATION SHOULD BE MAILED TO:

 Company/Organization (*please print or type*)

 Division (if any)

 Contact Name

 Street Address

 City State/Province Zip/Postal Code Country

 Phone Fax E-mail (*please provide an e-mail contact*)

We/I agree to pay the total fee of (please specify):
 _____ \$450.00 USD for 1/2 page inside
 _____ \$700.00 USD for inside full page
 _____ \$850.00 USD for full page inside front or back cover

Advertisements submitted for Program Book inclusion must be in PDF format.

PAYMENT: Payment shall be in U.S. funds drawn on a U.S. bank. Checks should be made payable to: International Society of Dermatopathology.

Check # _____ MasterCard VISA American Express Discover

Card # _____ Exp. date ____/____ CVV Code _____

 Authorized Signature Date Name (*print or type*) Title (*print or type*)

 Billing address (*if different from above*)

MAIL OR EMAIL ORIGINAL COPY OF THIS CONTRACT WITH CHECK/CREDIT CARD INFORMATION TO:

International Society of Dermatopathology
PO Box 2444
 Fredericksburg, TX 78624
 EMAIL: ISDPevents@gmail.com
 PHONE : 650-729-1234
 Website: <http://www.intsocdermpath.org>
 ISDP taxpayer ID number is 59-331936

FOR ISDP USE

Total Fee \$ _____

Payment Received _____