



APPLICATION/CONTRACT FOR:

**PROGRAM BOOK ADVERTISING
ISDP 23rd Joint Meeting, March 18-19, 2020**

The Westin Denver Downtown
1672 Lawrence Street, Denver, Colorado 80202, 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 stipulate):

- _____ \$450.00 USD for 1/2 page inside
- _____ \$700.00USD for inside full page
- _____ \$850.00 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 ORIGINAL COPY OF THIS CONTRACT WITH CHECK/CREDIT CARD INFORMATION TO:

International Society of Dermatopathology
PO Box 2444
Fredericksburg, Texas 78624-2444, USA
PHONE : 650-726-5481
EMAIL: intsocdp@sbcglobal.net
Website: <http://www.intsocdermpath.org>
ISDP's taxpayer ID number is 59-3319363.

Total Fee \$ _____