



APPLICATION/CONTRACT FOR:

**ISDP 24th Joint Meeting
March 15-19th 2021
VIRTUAL SITE SPONSOR ADVERTISING**

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):
_____ \$600 for inside full page E-Program
_____ \$700 for full page inside front or back cover E-Program

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 \$ _____