



APPLICATION/CONTRACT FOR:
PROGRAM BOOK ADVERTISING
ISDP 22nd Joint Meeting, February 27-28, 2019
 The Hilton Crystal City
 2399 Jefferson Davis Highway, Arlington, VA 22202, 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 ORIGINAL COPY OF THIS CONTRACT WITH CHECK/CREDIT CARD INFORMATION TO:

International Society of Dermatopathology
PO Box 3005
Half Moon Bay, CA 94019-3005, USA
 EMAIL: intoscodp@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 _____