INTERNATIONAL HYPERHIDROSIS SOCIETY®
Know Sweat.
www.SweatHelp.org

2010 Registration Form

Advanced Approach to Hyperhidrosis Diagnosis,Treatment and Practice Integration

International Hyperhidrosis Society accredited medical education programs are open to healthcare providers, university-affiliated health care researchers, NIH - or grant-sponsored researchers, and industry professionals. Registered participants will receive extensive course materials, morning refreshments, and lunch.

Space is limited and guaranteed only upon receipt of an International Hyperhidrosis Society confirmation correspondence. Sorry, we are not able to process refunds.

1. Please indicate the course you will attend:

☐ Hotel Monaco Portland
Portland, OR
Saturday, April 10, 2010

☐ Grand Hyatt Atlanta in Buckhead
Atlanta, GA
Saturday, June 5, 2010

2. Please indicate the manner in which you will attend:

☐ Injector/Trainee
$165.00 per registrant
(Must be licensed in Session State)

☐ PA, RN, Office Staff
FEE WAIVED

☐ Observer/Attendee
$165.00
per registrant

☐ Industry
$495.00
per registrant

3.

Name_____
First Last Title (MD,DO,RN,etc.)

Practice _____

Address_____

_____

City_____State_____Zip Code _____

Phone_____Fax_____

Email_____

4. Payment information for registration fee:

☐ Check in U.S. Dollars made payable to the International Hyperhidrosis Society

Credit Card: ☐ VISA ☐ Master Card ☐ American Express

Card Number I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I___I

Exp. Date I___I___I I___I___I
Month Year

Name on card_____Signature_____

5.

FAX this completed form to **610-346-6004; or**

MAIL this completed form to:
International Hyperhidrosis Society, 2560 Township Road, Suite B, Quakertown, PA 18951

INFO Call the International Hyperhidrosis Society at 610-346-6008 or Email: info@SweatHelp.org