Registration Form

Hyperhidrosis
Emerging Concepts and Treatments

INTERNATIONAL HYPERHIDROSIS SOCIETY℠
Taking action. Taking care.

INFO Contact Cheryl K. Nordstedt
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FAX this completed form and credit card information to 316-755-1224.
MAIL this completed form, a check made payable to International Hyperhidrosis Society, or credit card information to
IHHS CME Coordinator
7 Valley Oaks Ct.
Valley Center, KS 67147

The International Hyperhidrosis Society welcomes all healthcare professionals interested in the diagnosis and treatment of hyperhidrosis. The fee to attend this one-day course is **$65.00** per registrant. Registered participants will receive extensive course materials, morning refreshments and box lunch.

Please indicate the course you will attend:

☐ **Boston, MA July 9, 2005** ☐ **Anaheim, CA July 30, 2005**

☐ **New York, NY September 24, 2005**

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

Address_____

_____

City_____ State_____Zip _____

Phone: (_____)_____Fax: (_____)_____

E-mail: _____

Payment Information for $65.00 registration fee:

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

☐ Credit Card: |___| VISA |___| Master Card |___| American Express

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Card Number (no dashes, no spaces)

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Month Year

Card Holder's Name_____
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