

**Photomedicine Society Dues Solicitation**  
**2008 Annual Dues \$125 (U.S. dollars); Residents/Fellow \$80; Dual Membership w/BPG\$153**  
**Registration for Annual Meeting at the door \$100**  
**Deadline: December 31, 2007**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

*(Please indicate if change of address or new member)*

In order to properly credit your dues, please print your name on the face of your remittance check or money order payable in U.S. currency by bank check, money order, or VISA/MASTERCARD/AMERICAN EXPRESS  
INDICATE METHOD OF PAYMENT BELOW:

\_\_\_ Check enclosed payable to **Photomedicine Society**

\_\_\_ Mastercard \_\_\_ VISA \_\_\_ American Express

Print card# in space below

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Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

PLEASE CHECK ONE:

- \$125 Regular Membership
- \$80 Resident/Fellow
- \$153 Dual Membership Photomedicine Society & British Photodermatology Group

Please submit form with check, money order or credit information to:  
Cheryl Rosen, M.D. (Sec/Treas)  
C/O Suzy Milberger  
Dept. of Dermatology  
5323 Harry Hines Blvd.  
Dallas, TX 75390-9069  
Phone: 214-648-8677 Fax: 214-648-0280  
Email: photomed@utsouthwestern.edu