

# ASAPS Traveling Professor Request Form

Institution Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

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Date of Presentation: \_\_\_\_\_ Location: \_\_\_\_\_

Do you have a preference for a particular Traveling Professor?  Yes  No

If yes, who?

First Choice: \_\_\_\_\_ Topic: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Topic: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Topic: \_\_\_\_\_

How many residents will be attending the presentation? \_\_\_\_\_

Will this visit be held in conjunction with a regional society meeting?  Yes  No

If yes, which society? \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please provide any other pertinent information (i.e. event details, expectations): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSTRUCTIONS:

1. Complete this form and submit it to the ASAPS Central Office, 11081 Winners Circle, Suite 200, Los Alamitos, CA 90720, Attn: Geri-Lynn Smith, Fax: (562) 799-1098 Phone: (562) 799-2356
2. Your request will be sent to the ASAPS Services Coordinator for approval.
3. You will be notified as soon as possible about the approval of your request and the availability of a Traveling Professor.
4. ONCE APPROVED, please contact the Traveling Professor directly to make all final arrangements.

***Regional Societies Please Read:*** Approval for a Traveling Professor visit to your meeting will be given only if arrangements are made for the Professor to meet with residents at a local "approved" plastic surgery residency program immediately preceding or following your meeting OR your regional society organizes a specific separate event for residents attending the regional meeting, to meet with the Traveling Professor.

***< All Printed Materials Must Indicate the Traveling Professor is Sponsored by The Aesthetic Society >***