



THE AESTHETIC SERIES: TOGETHER, EVERYWHERE.
PREMIER GLOBAL HOT TOPICS - NUANCES AND TECHNIQUES IN INJECTABLES
 November 14, 2020 • Sponsored by The Aesthetic Society



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Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate at the meeting: Audio Visual

SYMPOSIUM REGISTRATION FEES

Aesthetic Society Active & International Active Member	<input type="checkbox"/> \$199
Aesthetic Society Candidate & International Candidate for Membership *Must be a current enrollee in the Candidate for Membership Program	<input type="checkbox"/> \$199
Guest Plastic Surgeon *Must be a surgeon certified by or board-eligible for The American Board of Plastic Surgery.	<input type="checkbox"/> \$399
Core Surgeon *Must be a member of the American Academy of Facial Plastic & Reconstructive Surgery, American Society for Dermatologic Surgery, or American Society of Ophthalmic Plastic & Reconstructive Surgery.	<input type="checkbox"/> \$399
Aesthetic Team Member *Must provide a letter from your Board-Certified Plastic Surgeon employer indicating that you are currently employed.	<input type="checkbox"/> \$199
Core Surgeons' Staff *Must provide a letter from your Core Surgeon employer indicating that you are currently employed.	<input type="checkbox"/> \$399
Resident *Must be enrolled in The Aesthetic Society's Resident Program. International Residents must provide verification form your plastic surgery program director.	<input type="checkbox"/> FREE
Industry Observer *Must provide letter of verification of employment on company letterhead.	<input type="checkbox"/> \$399

Total: \$ _____

Online Attendance Agreement – Please read and check box.

I agree not to allow any individual to participate in my place.

Required for online attendance: By checking this box, I certify that I have read and I accept this Online Attendance Agreement.

Photographic Permissions and Prohibitions for Online Attendance – Please read and check box.

I agree not to photograph or record any scientific sessions or teaching courses, and I further agree to hold in strictest confidence any protected health information revealed.

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PAYMENT

- MasterCard American Express Visa
- Check Payable to The Aesthetic Society (US Funds ONLY) is enclosed

Account #: _____
 Exp: _____ Security Code: _____ Billing ZIP Code: _____
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The Aesthetic Society
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 Garden Grove, CA 92841 USA
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