

Registration is open to Plastic Surgery Residents & Fellows in approved programs in the United States and Canada. If you are a current Resident or Fellow you must be enrolled in our Residents & Fellows Program. You are also eligible to attend if you recently completed your residency and/or fellowship and are enrolled in our Candidate Program. The symposium registration is complimentary, as The Aesthetic Society's gift to you. There is no CME available for this symposium.

| | | |
|---------------|-----------|---------|
| FIRST NAME | LAST NAME | |
| ADDRESS | | CITY |
| STATE | ZIP CODE | COUNTRY |
| PHONE | | FAX |
| EMAIL ADDRESS | | |

For Current Residents & Fellows

Residency: Integrated / Independent PGY:

Fellowship: Aesthetic / Breast / Craniofacial / Hand / Microsurgery / Other:

| | |
|---------------------------------|--------------|
| PROGRAM COMPLETION DATE (MM/YY) | PROGRAM NAME |
|---------------------------------|--------------|

For Recent Graduates

Practice type: Private / Small Group / Large Group / Academic / Other:

| | |
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| PROGRAM COMPLETION DATE (MM/YY) | PROGRAM NAME |
|---------------------------------|--------------|

Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate in this symposium Audio Visual

Liability Waiver — Please read and check the box.

I agree and acknowledge that I am undertaking participation in The Aesthetic Society's Residents' Symposium events and activities virtually as my own free and intentional act. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in The Aesthetic Society's Residents' Symposium events and I do hereby assume responsibility for my own well-being. I also agree not to allow any other individual to participate in my place.

Required By checking this box, I certify that I have read and understood the Liability Waiver above.

Online Attendance Agreement – Please read and check the box.

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

Required By checking this box, I certify that I have read and understood this Online Attendance Agreement.

Send Registration to:

The Aesthetic Society c/o Tiffany Weckerly • 11262 Monarch Street, Garden Grove, CA 92841 USA
Email: tiffany@surgery.org • Fax: 562.799.1098 • Phone: 562.799.2356