

The Aesthetic Meeting 2011 Registration Form

For your convenience, plastic surgeons may register on-line at www.surgery.org/meeting2011. All others must submit this form with documentation as requested.

The American Society for Aesthetic Plastic Surgery and The Aesthetic Surgery Education & Research Foundation May 6-11, 2011

1 REGISTRANT INFORMATION

By providing your fax and/or email address, you are hereby authorizing ASAPS/ASERF to contact you via these methods.

First Name _____ Middle Initial _____ Last Name _____ Male Female ID# _____

Address _____

City/State/Zip/Country _____

Telephone (____) _____ Fax (____) _____ Office Contact _____

Email Address _____ Badge Nickname _____

Registered Spouse/Guest Name _____ Badge Nickname _____

Please check here if you are disabled and require special services to fully participate.

After April 6, 2011 you must register on-site.

2 SURGEON REGISTRATION FEES

	Early Bird by Feb. 22, 2011	Postmarked Feb. 23 - April 6, 2011*	Amount Paid
<input type="checkbox"/> ASAPS Member (Active/International)	\$670	\$775	\$ _____
<input type="checkbox"/> ASAPS Life Member (Registration only, no social events)	\$100	\$100	\$ _____
<input type="checkbox"/> ASAPS Candidate/International Candidate	\$1035	\$1130	\$ _____
<input type="checkbox"/> Guest Surgeon ¹	\$1350	\$1475	\$ _____
<input type="checkbox"/> Resident/Fellow ²	\$0	\$0	\$ _____
<input type="checkbox"/> Active US Military Duty (50% off applicable registration fee.)	50% off above	50% off above	\$ _____
TOTAL SURGEON REGISTRATION FEES			\$ _____

3 ALLIED HEALTH PERSONNEL REGISTRATION FEES

<input type="checkbox"/> Plastic Surgical Nurse ³	\$670	\$775	\$ _____
<input type="checkbox"/> Physician Assistant ³	\$670	\$775	\$ _____
<input type="checkbox"/> Medical Student ⁴	\$0	\$0	\$ _____
TOTAL ALLIED HEALTH PERSONNEL REGISTRATION FEES			\$ _____

4 SPOUSE/ACCOMPANYING GUEST FEES

<input type="checkbox"/> ASAPS Member Spouse/Guest	\$400	\$460	\$ _____
<input type="checkbox"/> Life Member Spouse/Guest (includes social events)	\$300	\$360	\$ _____
<input type="checkbox"/> Candidate/International Candidate Spouse/Guest	\$300	\$350	\$ _____
<input type="checkbox"/> Guest Surgeon Spouse/Guest	\$300	\$350	\$ _____
<input type="checkbox"/> Resident/Fellow Spouse/Guest	\$300	\$350	\$ _____
<input type="checkbox"/> Optional Courses/Exhibits Only ⁵	\$40	\$50	\$ _____
TOTAL SPOUSE/GUEST REGISTRATION FEES			\$ _____

Note: If spouse/guest registers for courses, please complete a separate registration form.

5 OTHER FEES

<input type="checkbox"/> Welcome Reception Ticket—Life Member Only	\$75 ea	\$90 ea	\$ _____
<input type="checkbox"/> Dinner Dance Ticket—Life Member or Candidate Only	\$180 ea	\$200 ea	\$ _____
<input type="checkbox"/> S11 Women Plastic Surgeons' Luncheon	\$30	\$35	\$ _____
<input type="checkbox"/> ASPSN Members Program—Tuesday Only	\$250	\$250	\$ _____
TOTAL OTHER FEES			\$ _____

REGISTRATION AND OTHER FEES SUBTOTAL..... **\$ _____**

Are you planning to attend the Dinner Dance? Yes No

If not, would you like to donate your ticket to a Resident? Yes No

Will your Spouse be attending the Dinner Dance? Yes No

Receive \$50 Discount—Pre-Register for Special Courses in Advance Bonus This Year! Receive 20% Discount On Four Or More Courses During Pre-Registration Only

6 COURSES WITH SPECIAL DISCOUNTED PRE-REGISTRATION FEES

	Pre-Reg	On-Site
<input type="checkbox"/> S1 Endoscopic Forehead & Mid-Face Cadaver Workshop (Fri) 7:30am-1:00pm	\$1500	\$1550
<input type="checkbox"/> S2 Facial Rejuvenation by MACS Lift-Cadaver Workshop (Fri) 2:00pm-6:00pm	\$1500	\$1550
<input type="checkbox"/> S3 Open/Closed Rhinoplasty-Cadaver Workshop (Fri) 2:00pm-6:00pm	\$1500	\$1550
<input type="checkbox"/> S4 Residents & Fellows Forum (Fri) 9:00am-3:30pm	\$0	\$0
<input type="checkbox"/> S5 Hands-On Laser Workshop for Residents Only (Fri) 3:45pm-6:00pm	\$0	\$0
<input type="checkbox"/> S6 Rhinoplasty Symposium (Sat) 7:30am-5:00pm	\$450	\$500
<input type="checkbox"/> S7 Cosmetic Medicine 2011: Achieving Excellent Results (Sat) 7:30am-5:30pm	\$175	\$225
<input type="checkbox"/> S8 Medical Life Drawing and Sculpture (Face) (Sat) 8:00am-5:00pm	\$600	\$650
<input type="checkbox"/> S9 Re-Designing Your Aesthetic Practice (Sat) 8:00am-12:00pm	\$275	\$325
<input type="checkbox"/> S10A AAAASF Inspector Training Workshop (Sat) 8:00am-12:00pm	\$350	\$400
<input type="checkbox"/> S10B AAAASF Medicare Inspector Training Workshop (Sat) 12:30pm-4:30pm	\$350	\$400
<input type="checkbox"/> S12 Global Hot Topics (Sat) 1:00pm-6:00pm	\$250	\$300
<input type="checkbox"/> S13 How To Be A Successful Patient Coordinator (Sun) 9:00am-4:30pm	\$600	\$650
<input type="checkbox"/> S14 Research & Innovative Technology Luncheon (Sun) 12:30pm-2:00pm (Limited Seating—Register Early)	\$80	\$130
<input type="checkbox"/> ASERF Members Only (Research Luncheon)	\$40	\$130
<input type="checkbox"/> SMS Medical Students Interested in Plastic Surgery (Sun) 12:30pm-3:30pm	\$0	\$0
<input type="checkbox"/> S15 Cocktails and Complications (Free to New Members) (Sun) 6:30pm-7:30pm	\$80	\$130
<input type="checkbox"/> S16 Advanced Discussions for Patient Coordinator Course Alums (Mon) 9:00am-11:00am	\$325	\$375
<input type="checkbox"/> S17A Physician Extender Injector Course—Basic (Mon) 12:30pm-2:30pm	\$175	\$225
<input type="checkbox"/> S17B Physician Extender Injector Course—Advanced (Mon) 3:00pm-6:00pm	\$175	\$225
<input type="checkbox"/> S18 Candidate Open Forum (Candidates only) (Tue) 12:30pm-1:30pm	\$0	\$0
TOTAL COURSES WITH SPECIAL FEES		\$ _____

* After April 6, 2011 you must register on-site

1 Written verification of membership in an international society is required.

2 Residents and Fellows must provide written verification of participation in an approved plastic surgery residency or fellowship program with expected graduation date, attested to by the Chief of Service. International residents must provide written verification of participation in an approved plastic surgery residency or fellowship program, attested to by the Chief of Service and written verification from the national plastic surgery society that their Chief of Service is a member of that national society. The letter must be written and signed by the chief of service and must include a phone

number, fax number and email address. Registration will not be processed until all information is verified with the chief and national society in which the chief is a member.

3 A letter from your board-certified plastic surgeon employer indicating that you are currently employed as a nurse or physician assistant in his/her office and a copy of your RN or PA license are required.

4 A certified letter from the Dean of Admissions is required.

5 A letter from the employing plastic surgeon is required. Social events and teaching courses must be purchased separately.

7 OPTIONAL COURSES

	Pre-Registered	On-Site
1-Hour Courses	\$80	\$130
2-Hour Courses	\$140	\$190
3-Hour Courses	\$200	\$250
4-Hour Courses	\$250	\$300

Receive \$50 Discount—

Pre-Register for Optional Courses in Advance!

Registration must be postmarked no later than April 6, 2011 to qualify for discounted fees.

Name _____

Saturday – Tuesday Optional Courses Please complete the chart below indicating your first, second, and third choice.

Watch out! Many course times overlap—Don't double book yourself!

	1st choice	2nd choice	3rd choice	Fee
Saturday				
2:00pm – 6:30pm • 4-Hour Courses • 100/200 Series				\$ _____
2:00pm – 4:00pm • 2-Hour Courses • 100 Series				\$ _____
4:30pm – 6:30pm • 2-Hour Courses • 200 Series				\$ _____
Sunday				
12:30pm – 1:30pm • 1-Hour Courses • 300 Series				\$ _____
Monday				
2:00pm – 6:30pm • 4-Hour Courses • 400/500 Series				\$ _____
2:00pm – 5:00pm • 3-Hour Courses • 400/500 Series				\$ _____
2:00pm – 4:00pm • 2-Hour Courses • 400 Series				\$ _____
4:30pm – 6:30pm • 2-Hour Courses • 500 Series				\$ _____
Tuesday				
2:00pm – 6:30pm • 4-Hour Courses • 600/700 Series				\$ _____
2:00pm – 4:00pm • 2-Hour Courses • 600 Series				\$ _____
4:30pm – 6:30pm • 2-Hour Courses • 700 Series				\$ _____

Course Fees Subtotal (Pages 1 & 2)	\$ _____
Less 20% discount off 4 or more courses	\$ _____
(Only Available during Pre-Registration)	
Subtotal.....	\$ _____
Registration & Other Fees From Page One	\$ _____
TOTAL REGISTRATION FEES	\$ _____

Registration must be postmarked no later than **April 6, 2011** to qualify for discounted fees.

Liability Waiver—Please read and check box. I agree and acknowledge that I am undertaking participation in the ASAPS/ASERF Annual Meeting events and activities as my own free and intentional act and I am fully aware that possible physical injury might occur to me as a result of my participation in these events. I give this acknowledgement freely and knowingly and that I am, as a result, able to participate in ASAPS/ASERF Annual Meeting 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.

Photographs—Please read and check box. I agree and acknowledge that ASAPS/ASERF plan to take photographs at The Aesthetic Meeting 2011 and reproduce

them in ASAPS/ASERF educational, news or promotional material, whether in print, electronic or other media, including the ASAPS/ASERF website. By participating in **The Aesthetic Meeting 2011**, I grant ASAPS/ASERF the right to use my name, photograph and biography for such purposes without compensation to me.

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

By registering for **The Aesthetic Meeting 2011**, I agree to fully disclose all relevant commercial/financial relationships with entities prior to asking a question from the floor of the Scientific Session and optional course(s).

Signature Required _____

PLEASE ALLOW 10 BUSINESS DAYS FOR AN EMAIL OR FAXED ACKNOWLEDGEMENT.

Fees for full Surgeon Registration include the Welcome Reception, Scientific Sessions, Exhibits, Lunch in the Exhibits, morning and afternoon coffee breaks, and the Program Book. The Dinner Dance is for ASAPS Members (Active and International) only. Candidates and Life Members may attend for an additional fee. **Registration must be postmarked no later than April 6, 2011 to qualify for discounted fees.**

RETURN BY MAIL TO: **The Aesthetic Society, 11262 Monarch Street, Garden Grove, CA 92841 USA**

OR FAX TO: **(562) 799-1098** OUR EMAIL ADDRESS IS: **asaps@surgery.org**

Refunds will not be considered unless a written request is mailed to the ASAPS Central Office and postmarked by **April 6, 2011**. Refunds will be subject to a minimum 15% administrative fee.

For additional information, call the ASAPS Central Office **(800) 364-2147** or **(562) 799-2356** or visit **www.surgery.org/meeting2011**

8 PAYMENT

Check/Bank Draft # _____ Amount \$ _____

VISA MasterCard American Express

Card Number: _____ Signature: _____

Name on Card: _____ Expiration Date: _____