

1 REGISTRANT INFORMATION

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

Male Female Your 10-digit NPI# _____ (required by CMS for Sunshine Act Compliance)

First Name _____ Middle Initial _____ Last Name _____ 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.

Postmark Dates:

2 SURGEON REGISTRATION FEES

	Early Bird by March 4, 2019	Pre-Reg. March 5 to Apr. 29, 2019*	Onsite	Amount Paid
<input type="checkbox"/> ASAPS Member (Active/International)	\$760	\$945	\$1145	\$ _____
<input type="checkbox"/> ASAPS Life Member	\$250	\$250	\$300	\$ _____
<input type="checkbox"/> ASAPS Candidate/International Candidate for Membership	\$895	\$1040	\$1195	\$ _____
<input type="checkbox"/> Guest Surgeon Written verification of ABPS certification or of membership in an international society is required	\$1425	\$1595	\$1750	\$ _____
<input type="checkbox"/> Resident/Fellow <i>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.</i>	\$0	\$0	\$0	\$ _____
<input type="checkbox"/> Active US Military Duty (50% off applicable registration fee)	50% off above	50% off above	50% off above	\$ _____
TOTAL SURGEON REGISTRATION FEES				\$ _____

For your convenience, plastic surgeons may register online at www.surgery.org/meeting2019
All others must submit this form with documentation as requested.

By registering for The Aesthetic Meeting 2019, 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 _____

To preserve medical privacy, photography during scientific sessions and teaching courses is strictly prohibited. Additionally, all meeting attendees, guests and media are expected and required to maintain any revealed patient details in the strictest of confidence.

Required By checking this box, I certify that I have read and understood the Liability Waiver on Page 20.
Required By checking this box, I certify that I have read and understood the Photograph information on Page 20.

By registering for this event: You will be receiving additional communications about this event. Non-EU/UK registrants will also be receiving information about future events and/or products and services.

For EU/UK registrants: Pursuant to the GDPR, do you wish to receive information about future events and/or products and services?
 Yes No

** No credits for General Session provided; to obtain credits one must register under your profession in categories 2 (Surgeon Registration Fees) or 3 (Allied Health Professional Registration Fees). If spouse/guest registers for courses, please complete a separate registration form.

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
**Registration must be postmarked no later than
April 29, 2019 to qualify for discounted fees.
Please return both pages of the registration form.**

3 ALLIED HEALTH PERSONNEL REGISTRATION FEES

<input type="checkbox"/> Plastic Surgical Nurse*	\$760	\$945	\$1145	\$ _____
<input type="checkbox"/> Physician Assistant/Nurse Practitioner* <i>*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.</i>	\$760	\$945	\$1145	\$ _____
<input type="checkbox"/> Medical Student A certified letter from the Dean of Admissions is required.	\$0	\$0	\$0	\$ _____
TOTAL ALLIED HEALTH PERSONNEL REGISTRATION FEES				\$ _____

4 SPOUSE/ACCOMPANYING GUEST FEES**

<input type="checkbox"/> ASAPS Member Spouse/Guest	\$350	\$410	\$450	\$ _____
<input type="checkbox"/> Life Member Spouse/Guest	\$350	\$410	\$450	\$ _____
<input type="checkbox"/> Candidate/International Candidate Spouse/Guest	\$350	\$410	\$450	\$ _____
<input type="checkbox"/> Guest Surgeon Spouse/Guest	\$350	\$410	\$450	\$ _____
<input type="checkbox"/> Resident/Fellow Spouse/Guest	\$350	\$410	\$450	\$ _____
<input type="checkbox"/> Optional Education/Aesthetic Marketplace Only A letter from the employing board-certified plastic surgeon is required. Social events and teaching courses must be purchased separately.	\$75	\$100	\$125	\$ _____
<input type="checkbox"/> Aesthetic Marketplace Only A letter from the employing board-certified plastic surgeon is required.	\$45	\$55	\$65	\$ _____
TOTAL SPOUSE/GUEST REGISTRATION FEES				\$ _____

5 OTHER FEES

<input type="checkbox"/> Presidential Welcome Celebration Ticket	\$135	\$160	\$210	\$ _____
<input type="checkbox"/> Office Staff (Practice Solutions Sessions) A letter from the employing board-certified plastic surgeon is required.	\$200	\$250	\$300	\$ _____
<input type="checkbox"/> S3* Women Plastic Surgeons' Symposium <i>*Meeting Registration not required for attending S3 — please fax in completed registration form if attending Symposium only.</i>	\$100	\$100	\$150	\$ _____
TOTAL OTHER FEES				\$ _____

SECTIONS 2 – 5 FEES SUBTOTAL

(carry over to Page 2)

Receive \$50 Discount—Pre-Register for Special Courses in Advance!

6 COURSES WITH SPECIAL DISCOUNTED PRE-REGISTRATION FEES

Limited Space Available	Days and times	Pre-Reg	On-Site	On-Site
<input type="checkbox"/> S1 Residents & Fellows Forum	(Thurs) 12:00pm–6:00pm	\$0	\$0	\$ _____
<input type="checkbox"/> S2 ASAPS/ISAPS Gluteal Symposium	(Thurs) 12:30pm–6:00pm	\$300	\$350	\$ _____
<input type="checkbox"/> S4 Minimally Invasive Aesthetic Surgery – Cadaver Workshop	(Fri) 7:30am–1:00pm	\$1800	\$1850	\$ _____
<input type="checkbox"/> S5 Cosmetic Medicine	(Fri) 7:00am–2:00pm	\$175	\$225	\$ _____
<input type="checkbox"/> S6 Re-Designing Your Aesthetic Practice	(Fri) 8:00am–12:00pm	\$275	\$325	\$ _____
<input type="checkbox"/> S7 Rhinoplasty Symposium	(Fri) 8:00am–1:00pm	\$275	\$325	\$ _____
<input type="checkbox"/> S8 Medical Life Drawing and Sculpture: The Human Figure	(Fri) 8:00am–5:00pm	\$600	\$650	\$ _____
<input type="checkbox"/> S9 Premiere Global Hot Topics	(Fri) 1:00pm–6:00pm	\$300	\$350	\$ _____
<input type="checkbox"/> S10 Resident Injector Training	(Fri) 2:00pm–4:00pm	\$0	\$0	\$ _____
<input type="checkbox"/> S11 Open and Closed Rhinoplasty—Cadaver Workshop	(Fri) 2:00pm–6:00pm	\$1800	\$1850	\$ _____
<input type="checkbox"/> S12 Skills for Successful Patient Coordinators	(Sat) 9:00am–4:30pm	\$600	\$650	\$ _____
<input type="checkbox"/> S13 Research & Innovative Technology Luncheon	(Sat) 12:30pm–2:00pm	\$85	\$135	\$ _____
<input type="checkbox"/> ASERF Members Only (Research Luncheon)	(Sat) 12:30pm–2:00pm	\$42.50	\$135	\$ _____
<input type="checkbox"/> S14 Staying Out of Trouble in Facial Rejuvenation—Cadaver Workshop	(Sat) 1:00pm–6:00pm	\$1800	\$N/A	\$ _____
<input type="checkbox"/> S15 Medical Students Interested in Plastic Surgery (Medical Students Only)	(Sat) 12:30pm–3:00pm	\$0	\$0	\$ _____
<input type="checkbox"/> S16 Patient Coordinator Alums	(Sun) 9:00am–11:00am	\$325	\$375	\$ _____
<input type="checkbox"/> S17 Financial Management for Spouses & Managers	(Sun) 12:00pm–1:00pm	\$85	\$135	\$ _____
<input type="checkbox"/> S18A Physician Extender Injector Course—Level 1	(Sun) 12:00pm–2:30pm	\$175	\$225	\$ _____
<input type="checkbox"/> S18B Physician Extender Injector Course—Level 2	(Sun) 3:00pm–5:30pm	\$175	\$225	\$ _____
<input type="checkbox"/> S19A Foundations of Light and Laser	(Sun) 12:30pm–4:30pm			
<input type="checkbox"/> Surgeons/PA/NP		\$795	\$845	\$ _____
<input type="checkbox"/> RN/Office Staff		\$595	\$645	\$ _____
<input type="checkbox"/> S19B Laser Safety Officer Training	(Sun) 4:30pm–6:30pm	\$445	\$495	\$ _____
<input type="checkbox"/> S20 Aesthetic Breast Reconstruction	(Sun) 2:30pm–6:30pm	\$200	\$250	\$ _____
<input type="checkbox"/> S21 Facial Rejuvenation	(Sun) 2:30pm–6:30pm	\$200	\$250	\$ _____
<input type="checkbox"/> S22 Ritz-Carlton Leadership	(Mon) 2:30pm–5:30pm	\$200	\$250	\$ _____
<input type="checkbox"/> S23 Gender Confirmation	(Mon) 2:30pm–6:30pm	\$200	\$250	\$ _____

TOTAL COURSES WITH SPECIAL FEES \$ _____

8 EDUCATION ON DEMAND

Post Meeting Viewing of Selected Scientific Session Panels on RADAR Resource **Pre-Registered \$199 On-Site \$249** \$ _____
 No CME

Registration must be postmarked no later than April 29, 2019 to qualify for discounted fees.

Course Fees Subtotal (Page 2) \$ _____
Subtotal \$ _____
 Registration & Other Fees (Page 1) \$ _____
REGISTRATION FEES \$ _____

9 PAYMENT

Check/Bank Draft # _____ Amount \$ _____
 Card Number: _____ VISA MasterCard American Express Signature: _____
 Name on Card _____ Expiration Date: _____ CVV Code _____ Billing Zip Code _____

PLEASE ALLOW 10 BUSINESS DAYS FOR AN EMAIL OR FAXED ACKNOWLEDGMENT

Fees for full Surgeon Registration include the Presidential Welcome Reception, Scientific Sessions, Exhibits, Lunch in the Exhibits, morning and afternoon coffee breaks, and the Program Book.

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OR FAX TO: **562.799.1098** OUR EMAIL ADDRESS IS: **asaps@surgery.org**

Refunds not considered unless a written request is mailed to the ASAPS Central Office and postmarked by April 29, 2019. Refunds will be subject to a minimum 20% administrative fee.

☎ For additional information, call the ASAPS Central Office 800.364.2147 or 562.799.2356 or visit www.surgery.org/meeting2019

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7 OPTIONAL EDUCATION

	Pre-Registered	On-Site
1-Hour Courses	\$85	\$135
2-Hour Courses	\$140	\$190
4-Hour Courses	\$250	\$300

Friday – Tuesday Optional Educational—

Please complete the chart below indicating your first and second choice.

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

	1st choice	2nd choice	Fee
FRIDAY			
2:00pm–6:30pm			
100/200 Series (\$250 pre-registration)	_____	_____	\$ _____
2:00pm–4:00pm			
100 Series (\$140 pre-registration)	_____	_____	\$ _____
4:30pm–6:30pm			
200 Series (\$140 pre-registration)	_____	_____	\$ _____
SATURDAY			
12:30pm–1:30pm			
300 Series (\$85 pre-registration)	_____	_____	\$ _____
SUNDAY			
2:00pm–6:30pm			
400/500 Series (\$250 pre-registration)	_____	_____	\$ _____
2:00pm–4:00pm			
400 Series (\$140 pre-registration)	_____	_____	\$ _____
4:30pm–6:30pm			
500 Series (\$140 pre-registration)	_____	_____	\$ _____
MONDAY			
2:00pm–6:30pm			
600/700 Series (\$250 pre-registration)	_____	_____	\$ _____
2:00pm–4:00pm			
600 Series (\$140 pre-registration)	_____	_____	\$ _____
4:30pm–6:30pm			
700 Series (\$140 pre-registration)	_____	_____	\$ _____
TOTAL EDUCATIONAL COURSES FEES			\$ _____