

**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:**

For your convenience, plastic surgeons may register online at [www.surgery.org/meeting2018](http://www.surgery.org/meeting2018)  
All others must submit this form with documentation as requested.

**2 SURGEON REGISTRATION FEES**

	Early Bird by Feb. 16, 2018	Pre-Reg. Feb. 17 to Apr. 9, 2018*	Onsite	Amount Paid
<input type="checkbox"/> ASAPS Member (Active/International)	\$745	\$925	\$1098	\$ _____
<input type="checkbox"/> ASAPS Life Member	\$250	\$250	\$300	\$ _____
<input type="checkbox"/> ASAPS Candidate/International Candidate for Membership	\$895	\$1040	\$1120	\$ _____
<input type="checkbox"/> Affiliate Program (Australasian Society)	\$1325	\$1495	\$1650	\$ _____
<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	\$ _____
<b>TOTAL SURGEON REGISTRATION FEES</b>				\$ _____

By registering for The Aesthetic Meeting 2018, 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** \_\_\_\_\_

**NPI - National Provider Identifier**—With the introduction of Sunshine Act, pharmaceutical and device companies are now asking for an NPI number of those who stop by their booths. New regulations require companies to publicly share anything of value they give to health care providers, including an item as simple as a cup of coffee. The provision of your NPI number through a badge scan helps them be compliant and demonstrates the value they bring to the meeting by helping us control the registration fees you pay to attend. Don't know your number?  
Go to <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do> to access it.

**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 2018** 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 2018**, I grant ASAPS/ASERF the right to use my name, photograph and biography for such purposes without compensation to me.

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 Photograph information above.

\*\* 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](mailto:asaps@surgery.org)

**Registration must be postmarked no later than April 9, 2018 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*	\$745	\$925	\$1098	\$ _____
<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>	\$745	\$925	\$1098	\$ _____
<input type="checkbox"/> Medical Student <i>A certified letter from the Dean of Admissions is required.</i>	\$0	\$0	\$0	\$ _____
<b>TOTAL ALLIED HEALTH PERSONNEL REGISTRATION FEES</b>				\$ _____

**4 SPOUSE/ACCOMPANYING GUEST FEES\*\***

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

**5 OTHER FEES**

<input type="checkbox"/> Presidential Welcome Reception Ticket	\$135	\$160	\$210	\$ _____
<input type="checkbox"/> Practice Management Sessions <i>A letter from the employing board-certified plastic surgeon is required.</i>	\$200	\$250	\$300	\$ _____
<input type="checkbox"/> S5* Women Plastic Surgeons' Symposium <i>*Meeting Registration not required for attending S5 — please fax in completed registration form if attending Symposium only.</i>	\$100	\$100	\$150	\$ _____
<b>TOTAL OTHER FEES</b>				\$ _____

**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	
<input type="checkbox"/> S1 Staying Out of Trouble in Facial Rejuvenation— Cadaver Workshop	(Thurs) 7:30am–4:00pm	\$2500	-----	\$ _____
<input type="checkbox"/> S2 Minimally Invasive Aesthetic Surgery— Cadaver Workshop	(Thurs) 7:30am–1:00pm	\$1800	\$1850	\$ _____
<input type="checkbox"/> S3 ASAPS/ISAPS Gluteal Symposium	(Thurs) 12:30pm–6:00pm	\$300	\$350	\$ _____
<input type="checkbox"/> S4 New Techniques in Facial Rejuvenation— Cadaver Workshop	(Thurs) 2:00pm–6:00pm	\$1800	\$1850	\$ _____
<input type="checkbox"/> S6 Cosmetic Medicine	(Fri) 7:30am–2:00pm	\$175	\$225	\$ _____
<input type="checkbox"/> S7 Re-Designing Your Aesthetic Practice	(Fri) 8:00am–12:00pm	\$275	\$325	\$ _____
<input type="checkbox"/> S8 Residents & Fellows Forum	(Fri) 8:00am–2:00pm	\$0	\$0	\$ _____
<input type="checkbox"/> S9 Resident Injector Training	(Fri) 2:00am–4:00pm	\$0	\$0	\$ _____
<input type="checkbox"/> S10 Rhinoplasty Symposium	(Fri) 8:00am–12:00pm	\$275	\$325	\$ _____
<input type="checkbox"/> S11 Medical Life Drawing and Sculpture: The Human Figure	(Fri) 8:00am–5:00pm	\$600	\$650	\$ _____
<input type="checkbox"/> S12 Premiere Global Hot Topics	(Fri) 1:00pm–6:30pm	\$300	\$350	\$ _____
<input type="checkbox"/> S13 Open and Closed Rhinoplasty— Cadaver Workshop	(Fri) 1:00pm–5:00pm	\$1800	\$1850	\$ _____
<input type="checkbox"/> S14 Skills for Successful Patient Coordinators	(Sat) 9:00am–4:30pm	\$600	\$650	\$ _____
<input type="checkbox"/> S15 Research & Innovative Technology Luncheon <input type="checkbox"/> ASERF Members Only (Research Luncheon)	(Sat) 12:30pm–2:00pm (Sat) 12:30pm–2:00pm	\$85 \$42.50	\$135 \$135	\$ _____ \$ _____
<input type="checkbox"/> S16 Medical Students Interested in Plastic Surgery (Medical Students Only)	(Sat) 12:30pm–3:00pm	\$0	\$0	\$ _____
<input type="checkbox"/> S17 Patient Coordinator Alums	(Sun) 9:00am–11:00am	\$325	\$375	\$ _____
<input type="checkbox"/> S18 Financial Management for Spouses & Managers	(Sun) 12:00pm–1:00pm	\$85	\$135	\$ _____
<input type="checkbox"/> S19A Physician Extender Injector Course— Level 1	(Sun) 12:00pm–2:30pm	\$175	\$225	\$ _____
<input type="checkbox"/> S19B Physician Extender Injector Course— Level 2	(Sun) 3:00pm–5:30pm	\$175	\$225	\$ _____
<input type="checkbox"/> S20A Foundations of Light and Laser <input type="checkbox"/> Surgeons/PA/NP <input type="checkbox"/> RN/Office Staff	(Sun) 12:30pm–4:30pm	\$795 \$595	\$845 \$645	\$ _____ \$ _____
<input type="checkbox"/> S20B Laser Safety Officer Training	(Sun) 4:30pm–6:30pm	\$445	\$495	\$ _____
<b>TOTAL COURSES WITH SPECIAL FEES</b>		<b>\$</b>		<b>\$</b> _____

**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
<b>FRIDAY</b>			
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)	_____	_____	\$ _____
<b>SATURDAY</b>			
12:30pm–1:30pm			
300 Series (\$85 pre-registration)	_____	_____	\$ _____
<b>SUNDAY</b>			
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)	_____	_____	\$ _____
<b>MONDAY</b>			
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)	_____	_____	\$ _____
<b>TOTAL EDUCATIONAL COURSES FEES</b>			<b>\$</b> _____

**8 EDUCATION ON DEMAND**

Post Meeting Viewing of Selected Scientific Session Panels through April 2019 . . . . . **Pre-Registered \$199 On-Site \$249** \$ \_\_\_\_\_  
No CME **Course Fees Subtotal (Page 2)** \$ \_\_\_\_\_

Registration must be postmarked no later than  
April 9, 2018 to qualify for discounted fees.

**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.

✉ 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 not considered unless a written request is mailed to the ASAPS Central Office and postmarked by April 9, 2018. 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/meeting2018](http://www.surgery.org/meeting2018)

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