



# The American Society for Aesthetic Plastic Surgery

## Traveling Professor Request Form

Institution Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Is this the same address you would like resident packets sent to? If not, please provide an alternate address:

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Preferred Date of Visit: \_\_\_\_\_ Location: \_\_\_\_\_

List your preference for a Traveling Professor:

First Choice: \_\_\_\_\_ Topic: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Topic: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Topic: \_\_\_\_\_

How many residents will be attending the presentation? (Minimum of 10 is Required) \_\_\_\_\_

Will this visit be held in conjunction with a regional society meeting?  Yes  No

**Regional Societies:** Approval for a Traveling Professor visit to your meeting will be given only if arrangements are made for the Professor to meet with residents at a local "approved" plastic surgery residency program immediately preceding or following your meeting **OR**, your regional society organizes a specific separate event for residents attending the regional meeting, to meet with the Traveling Professor.

If yes, which society? \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please provide any other pertinent information (i.e. preferred days of the week, grand round schedule, etc.):

### INSTRUCTIONS:

1. Complete this form and submit via email to Pamela Diecidue at [pamela@surgery.org](mailto:pamela@surgery.org)
2. You will be notified as soon as possible about the approval of your request and the availability of a Traveling Professor.
3. Once approved, you will put in contact with the Traveling Professor directly to make all final arrangements.