

# SYMPOSIUM REGISTRATION

## REGISTRANT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Profession: \_\_\_\_\_

Specialty: \_\_\_\_\_

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

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

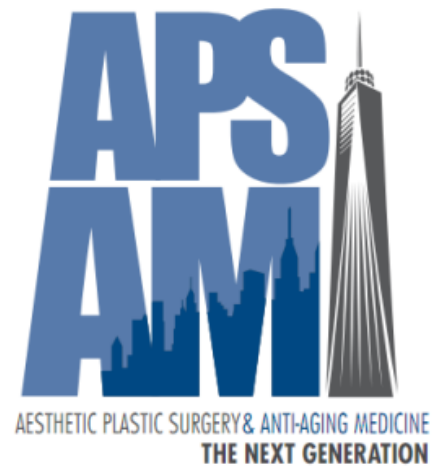
Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

ASPS ID # (If Applicable): \_\_\_\_\_

How Did You Hear About Us:  Facebook  Colleague  
 Banner Ad  Press Release  
 Email  Attended Last Year



## BILLING ADDRESS

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

Country: \_\_\_\_\_

## CREDIT CARD INFORMATION

Credit Card Type: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

## REGISTRATION FEE

- \$1,750.00 (Includes tuition, reception, coffee, luncheon and Special Workshops)
- \$1,495.00 (Early Bird Registration before 2/29/12, includes all of the above)
- \$300.00 (U.S. and Canadian Residents and Fellows, with verification letter from departmental chairman)
- \$500.00 (Foreign Residents in training with verification letter)
- \$250.00 (PAs, nurses, aestheticians, office staff and spouses, accompanying a registered physician)
- \$500.00 (PAs, nurses, aestheticians, office staff and spouses, not accompanying a registered physician, with verification from employer)
- \$2,000.00 (On site registration: If space permits, only cash or certified check are accepted)

I would like to receive Aesthetic Plastic Surgery & Anti-Aging Medicine: The Next Generation Symposium Updates