ASPS AESTHETICA 2015 SUPER SYMPOSIUM | LAS VEGAS

ASPS **AESTHETICA** SUPER SYMPOSIUM

APRIL**30**-MAY**2** | LAS VEGAS, NEVADA

REGISTRATION FORM

Name _____ ASPS Member # _____

Address _____

City _____ State _____ ZIP Code _____

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Personal E-mail _____

Name on Badge _____

Second Registrant's Name _____

☐ Check here if address above is new

☐ Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate in this symposium

☐ Audio ☐ Visual ☐ Other

☐ Check here if you require a special meal ☐ Vegetarian ☐ Fruit Plate ☐ Kosher*

** Additional fee may apply.*

☐ Other _____

SYMPOSIUM REGISTRATION	FEE THROUGH JAN. 28, 2015	FEE AFTER JAN. 28, 2015	SUBTOTAL
***ASPS Member**	**$995**	**$1,145**	**$**
Guest Physician	**$1,395**	**$1,545**	**$**
ASPS Active Life Member **Resident** *(with letter of verification if not enrolled in Resident & Fellow forum)*	**$500**	**$650**	**$**
Industry Research and Scientific Personnel *(subject to verification and approval by ASPS)*	**$1,395**	**$1,545**	**$**
Allied Health Personnel/Office Personnel/Spouse	**$895**	**$1,045**	**$**
Meals/Exhibits Access Only *(This does NOT include access/ admission to Scientific Sessions and meeting materials)*	**$500**		**$**
Session proceedings on PSEN *(Pre-order price available for registrants only through May 15)*	**$99** *(Through May 15, 2015)*		**$**
		TOTAL	**$**

**Includes ASPS Active Members, Candidates for Membership, International Members, International Candidates for Membership and Life Inactive Members*

PAYMENT

☐ A check made payable to ASPS | CHECK ONE: ☐ Visa® ☐ Mastercard® ☐ American Express®

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Allow 10 days for processing

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