

REGISTRATION

ASAPS Las Vegas 2019 Facial and Rhinoplasty Symposium

January 31 - February 2, 2019 • Sponsored by: ASAPS

First Name _____

Last Name _____

Badge Name (if different from above) _____

Street Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

Email Address _____

(Used to communicate Symposium updates)

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

Symposium Registration

19 AMA PRA Category 1 Credits™*

	On or Before December 3, 2018	On or After December 4, 2018	Subtotal
ASAPS or AAFPRS Active Member	\$1,450	\$1,650	\$ _____
ASAPS Candidate for Membership	\$1,600	\$1,900	\$ _____
Guest Plastic Surgeon	\$1,850	\$2,050	\$ _____
ASAPS Life Member/Resident <i>(Residents must provide letter of verification from chief of plastic surgery)</i>	\$500	\$600	\$ _____
Allied Health Personnel/Office Personnel <i>(Must provide letter verifying employment by an ABPS-certified plastic surgeon)</i>	\$800	\$900	\$ _____
Optional Rhinoplasty Cadaver Lab (1:00pm – 5:00pm, Saturday, February 2) 4 AMA PRA Category 1 Credits™	\$850	\$995	\$ _____
Optional Facial Cadaver Lab (1:00pm – 5:00pm, Saturday, February 2) 4 AMA PRA Category 1 Credits™	\$850	\$995	\$ _____

TOTAL ENCLOSED \$ _____

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

PAYMENT

☐ Check Payable to ASAPS (US Funds Only) is enclosed ☐ MasterCard ☐ Visa ☐ American Express

Account Number _____

Expiration Date _____ Security Code _____ Billing Zip Code _____

Card Holder Name _____ Signature _____

SEND PAYMENT TO:

The Aesthetic Society (ASAPS) • 11262 Monarch Street, Garden Grove, CA 92841 USA • Fax: 562.799.1098 • Phone: 562.799.2356
Refunds not considered unless a written request is emailed to Victoria@surgery.org by January 29, 2019, or mailed to the ASAPS Central Office and postmarked by January 29, 2019. Refunds will be subject to a minimum 15% administrative fee.

No refunds issued after January 29, 2019.

*Program and hours subject to change.