

REGISTRATION FORM

REGISTER EARLY AND SAVE!
PlasticSurgeryTheMeeting.com



SUBMIT YOUR REGISTRATION BY FAXING THIS FORM TO: (847) 228-7099

ASPS MEMBER ID# _____

LAST NAME _____ TITLE _____ FIRST NAME _____ BADGE NICKNAME (LISTED ABOVE FULL NAME) _____

ADDRESS _____

CITY _____ STATE/PROV. _____ ZIP/POSTAL CODE _____ COUNTRY _____

TELEPHONE _____ FAX _____ EMAIL (FOR CONFIRMATION) _____

EMERGENCY CONTACT PERSON: FIRST NAME _____ LAST NAME _____ PHONE _____

Registration Includes Open Programming

Registration Category		Early Bird 7/19	Advance 7/20-8/29	Late on or after 8/30
ASPS/ASMS Members	<input type="checkbox"/> ASPS/ASMS Active Member, Associate, Life Inactive Member, Candidates for Membership International Member, and International Candidates	\$995	\$1,120	\$1,295
	<input type="checkbox"/> ASPS/ASMS Life Active Member	NO FEE	NO FEE	\$385
	<input type="checkbox"/> ASPS/ASMS Resident/Fellow (RFF Subscriber)	NO FEE	\$100	\$475
	<input type="checkbox"/> Active Military Duty	NO FEE	NO FEE	\$495
	<input type="checkbox"/> ASPS International Trainee (Subscriber)	NO FEE	\$100	\$475
	<input type="checkbox"/> ASPS Affiliate Member/ASPSP Member	\$620	\$745	\$795
Non-Member Physicians	<input type="checkbox"/> Physicians of Guest Nation Argentina [†] (copy of medical license required)	\$995	\$1,120	\$1,295
	<input type="checkbox"/> ASPS Global Partners Network - Guest Physician [†] (copy of medical license required)	\$1,095	\$1,220	\$1,390
	<input type="checkbox"/> Guest Physician [†] (copy of medical license required)	\$1,480	\$1,655	\$1,880
	<input type="checkbox"/> International Trainee (Non-Subscriber) (verification letter from training program director required)	\$500	\$625	\$800
	<input type="checkbox"/> Resident/Fellow (RFF Non-Subscriber) [†]	\$500	\$625	\$800
Non-Member Medical & Industry Personnel	<input type="checkbox"/> Plastic Surgery Team Member [†] (letter from physician employer required)	\$860	\$1,035	\$1,085
	<input type="checkbox"/> Industry Research and Academic Personnel [†] (letter of verification required)	\$1,480	\$1,655	\$1,880
	<input type="checkbox"/> Investment Analyst [†] (letter of verification required)	\$1,480	\$1,655	\$1,880
	<input type="checkbox"/> Medical Student (copy of student ID or letter from medical school registrar required)	NO FEE	\$75	\$485
Total Registration Fees				\$

Guest Registration			
Guest registration includes admission to Opening Ceremonies and Welcome Reception, Monday Night Closing Party, and Exhibit Hall, and discounts available via Show-Your-Badge program.			
Last Name _____		First Name _____	
Email _____		Badge Nickname (first) _____	
	Early Bird 7/19	Advance 7/20-8/29	On or After 8/30
<input type="checkbox"/> Guest	\$325	\$375	\$400
<input type="checkbox"/> Life Active Member Guest	\$210	\$310	\$410
<input type="checkbox"/> Child (15 years of age or younger)	\$125	\$175	\$200
Total Guest/Child Registration Fees			\$

If, under the Americans with Disabilities Act (ADA), you require specific aids, devices, or other accommodations to fully participate in this meeting, specify:
 Wheelchair Assisted listening device Other: _____

If you are attending functions or courses with a plated lunch, specify dietary requirements: Vegetarian Kosher[†] Other: _____

[†]Subject to verification and approval by ASPS.
 1. Additional fee may apply for special meal accommodations.

Special Programs and Events for Meeting Registrants and Registered Guests	Fee	# of Tickets	Total Fee
<input type="checkbox"/> (700a) Resident Networking/Mentorship Reception	\$0		
<input type="checkbox"/> (700) Residents Day Program	\$0		
<input type="checkbox"/> (701) Hot Topics	\$275		
<input type="checkbox"/> (701A) Innovations in Industry	\$125		
<input type="checkbox"/> (704) Opening Ceremonies & Welcome Reception	\$0		
<input type="checkbox"/> (705) Welcome Reception for Registered Attendees of PSTM19	\$0		
<input type="checkbox"/> (707) Medical Students' Day	\$0		
<input type="checkbox"/> (708) Women Plastic Surgeons' Luncheon	\$50		
<input type="checkbox"/> (709) Women Plastic Surgeons' Networking Hour	\$0		
<input type="checkbox"/> (714) ASMS Annual Business Meeting (ASMS Members Only)	\$50		
<input type="checkbox"/> (716) Young Plastic Surgeons' Networking Hour	\$0		
<input type="checkbox"/> (720) International Attendee Reception (International \$0/US & Canada \$175)	\$0/\$175		
<input type="checkbox"/> (730) ASPSP/PSF Annual Business Meeting & Luncheon	\$0		
<input type="checkbox"/> (921) Closing Ceremonies	\$0		

The PSF	Fee	# of Tickets	Total Fee
<input type="checkbox"/> (27595) PSF Night at the Park (up to 10 tickets)	\$95		
<input type="checkbox"/> PSF Pins	\$5		
The PSF Donation			
<input type="checkbox"/> \$100	\$100		
<input type="checkbox"/> \$150	\$150		
<input type="checkbox"/> \$375	\$375		
<input type="checkbox"/> \$500	\$500		
<input type="checkbox"/> \$1,000	\$1,000		
<input type="checkbox"/> \$2,500	\$2,500		
Total Amount			\$

Pre-Conference Symposia	Fee	# of Tickets	Total Fee
(905) Senior Residents Conference			
<input type="checkbox"/> ASPS Residents and Fellows Forum Members	\$375		
<input type="checkbox"/> Non-members	\$475		

Cadaver Labs	Fee	# of Tickets	Total Fee
<input type="checkbox"/> (601) ASPS / Migraine Surgery Council Migraine Cadaver Lab	\$1,575		
<input type="checkbox"/> (602) TMR (Targeted Muscle Reinnervation) Cadaver Lab	\$1,325		
<input type="checkbox"/> (603) Facelift Cadaver Lab	\$1,325		
<input type="checkbox"/> (603A) Facelift Cadaver Lab Simulcast	\$275		
<input type="checkbox"/> (604) Facial Feminization Cadaver Lab	\$1,325		
Total Special Programs and Event Fees			\$

PAYMENT

(Check only one payment option)

A check made payable to ASPS - or - Visa® Mastercard® American Express®

Account Number _____ Expiration Date _____

Cardholder Name _____

Signature _____

Fax this form to: 847-228-7099 or mail check to ASPS, 444 E. Algonquin Road, Arlington Heights, IL 60005 USA