

REGISTRATION FORM

REGISTER EARLY AND SAVE!
PlasticSurgeryTheMeeting.com

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

plastic
surgery

THE MEETING
SAN FRANCISCO, CA
OCT. 16-19, 2020

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 & Welcome Reception

Registration Category		Early Bird 8/14	Advance 8/15-9/25	Late on or after 9/26
ASPS/ASMS Members	<input type="checkbox"/> ASPSP/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"/> 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 and 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 8/14	Advance 8/15-9/25	On or After 9/26
<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 Kosher¹ Other _____

[†]Subject to verification and approval by ASPS.
 1. Additional fee may apply for special meal accommodations.
 ASPS has sole discretion and reserves the right to refuse registration and/or limit participation in its activities.

The PSF	Fee	# of Tickets	Total
<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			\$

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