

# PSTM21 VIRTUAL REGISTRATION FORM

**REGISTER EARLY AND SAVE!**  
 PlasticSurgeryTheMeeting.com



**REGISTER ONLINE OR FAX 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 8/20	Advance 8/21-10/7	Late on or after 10/8
ASPS/ASMS Members	<input type="checkbox"/> ASPS/ASMS Active Member, Associate, Life-Inactive Member, Candidates for Membership International Member, and International Candidates	\$495	\$560	\$645
	<input type="checkbox"/> ASPS/ASMS Life Active Member	NO FEE	NO FEE	\$190
	<input type="checkbox"/> ASPS/ASMS Resident/Fellow (RFF Subscriber)	NO FEE	\$50	\$240
	<input type="checkbox"/> Active Military Duty	NO FEE	NO FEE	\$245
	<input type="checkbox"/> ASPS International Trainee (Subscriber)	NO FEE	\$50	\$240
	<input type="checkbox"/> ASPS Affiliate Member	\$310	\$370	\$395
Non-Member Physicians	<input type="checkbox"/> ASPS Global Partners Network - Guest Physician <sup>†</sup> (copy of medical license required)	\$545	\$610	\$695
	<input type="checkbox"/> Guest Physician <sup>†</sup> (copy of medical license required)	\$795	\$850	\$950
	<input type="checkbox"/> International Trainee (Non-Subscriber) (verification letter from training program director required)	\$250	\$315	\$400
	<input type="checkbox"/> Resident/Fellow (RFF Non-Subscriber) <sup>†</sup>	\$250	\$315	\$400
Non-Member Medical and Industry Personnel	<input type="checkbox"/> Plastic Surgery Team Member <sup>†</sup> (letter from physician employer required)	\$430	\$520	\$ 545
	<input type="checkbox"/> Industry Research and Academic Personnel <sup>†</sup> (letter of verification required)	\$795	\$850	\$950
	<input type="checkbox"/> Investment Analyst <sup>†</sup> (letter of verification required)	\$795	\$850	\$950
	<input type="checkbox"/> Medical Student (copy of student ID or letter from medical school registrar required)	NO FEE	\$50	\$240
<b>Total Registration Fees</b>			\$	\$

Virtual Pre-Conference Symposia	Fee	# of Tickets	Total Fee
(710) Hot Topics in Plastic Surgery Hot Topics add-on pricing (\$25) available only to registrants of PSTM21.	\$25		
(707) Medical Students' Day	\$0		
(31100) ASPS/MSS Migraine Surgery Symposium (On or before 8-20-2021/On or after 8-21-2021) <input type="checkbox"/> Residents <input type="checkbox"/> Members <input type="checkbox"/> Non-members	\$200/\$250 \$225/\$275 \$325/\$375		
<b>Total Virtual Pre-Conference Symposia Fees</b>			\$

<sup>†</sup>Subject to verification and approval by ASPS.

The PSF	Fee	Quantity	Total
<input type="checkbox"/> <b>PSTM 2021 PSF Collectors Pin:</b> Exclusive Lapel Pin only available with PSTM21 registration.	\$5		
<b>The PSF Donation</b>			
<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		
<b>Total Amount</b>			<b>\$</b>

**PAYMENT**

*(Check only one payment option)*

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

Account Number \_\_\_\_\_ CSC# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

*Fax this form to: 847-228-7099 or mail check to ASPS, PO Box 4008, Carol Stream, IL 60122*

**Save time and register yourself and your staff all at once online at  
PlasticSurgeryTheMeeting.com**