IN-PERSON REGISTRATION FORM

REGISTER EARLY AND SAVE! PlasticSurgeryTheMeeting.com

REGISTER ONLINE OR FAX THIS FORM TO: (847) 228-7099



ASPS MEMBER	RID#				
LAST NAME	TITLE	FIRST NAME BADGE NICKNAME (LISTED ABOVE FULL NAME)			
ADDRESS					
CITY	STATE/PROV.	ZIP/POSTAL CODE	COUNTRY		
TELEPHONE	E FAX EMAIL (FOR CONFIRMATION)				
EMERGENCY (CONTACT PERSON: FIRST NAME	LAST NAME	PHONE	:	
Registrati	ion Category		Early Bird before 8/18	Advance 8/19-10/5	Late on or after 10/6
	☐ ASPS/ASMS Active Member, Associate, Life-In International Member, and International Can		\$1,095	\$1,255	\$1,450
	☐ ASPS/ASMS Life-Active Member		\$0	\$0	\$435
ASPS/ASMS Members &	☐ ASPS/ASMS Resident/Fellow (RFF Subscriber)		\$95	\$245	\$535
Subscribers	☐ Active Military Duty		\$0	\$0	\$495
	☐ ASPS International Trainee (Subscriber)		\$95	\$245	\$535
	☐ Medical Student (Subscriber)		\$50	\$245	\$535
	☐ ASPS Affiliate Member		\$695	\$835	\$895
	☐ Guest Physician [†] copy of medical license require	ed	\$1,665	\$1,865	\$2,115
Non-Member Physicians	☐ International Trainee (Non-Subscriber) verific		\$565	\$700	\$900
,	☐ Resident/Fellow (RFF Non-Subscriber) [†]		\$565	\$700	\$900
Non-Member Medical and	☐ Plastic Surgery Team Member† letter from phy.	sician employer required	\$965	\$1,165	\$1,220
	☐ Industry Research and Academic Personnel [†]	letter of verification required	\$1,665	\$1,865	\$2,115
Industry	☐ Investment Analyst [†] letter of verification require	ed	\$1,665	\$1,865	\$2,115
Personnel	☐ Medical Student (Non-Subscriber) copy of stud	dent ID or letter from medical school registrar requi	red \$565	\$700	\$900
Guest Registration	☐ Guest		\$365	\$425	\$450
	☐ Life-Active Member Guest		\$235	\$350	\$425
	☐ Child 15 years of age or younger		\$145	\$195	\$225
Total Registration Fee			egistration Fees	\$	
	the Americans with Disabilities Act (ADA), you require	e specific aids, devices, or other accommodations	to fully participate in this me	eting, specify:	

If you are attending functions or courses with a plated lunch, specify dietary requirements: 🔲 Vegetarian 🔲 Kosher' 🗇 Other _

†Subject to verification and approval by ASPS.

Additional fee may apply for special meal accommodations.

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Virtual Pre-Conference Symposia Fee # of Tickets			Total Fee
(37682) Medical Students' Day	\$0		
(37681) ASPS/MSS Migraine Surgery Symposium (On or before 8-24 / Between 8-25 and 10-5 / On or After 10-6) Residents/Fellows Members Non-members S225/\$275/\$325 \$325/\$375/\$425			
Total Virtual Pre-Conference Symposia Fees			\$

In-Person Symposia	Fee	# of Tickets	Total Fee
(37853) Senior Residents Conference ASPS Residents and Fellows Forum Members Non-members	\$375 \$475		
(37684) Hot Topics in Plastic Surgery (On or before 8-24/ Between 8-25 and 10-5 / On or After 10-6)	\$249/\$299/\$349		
(34135) ASPS/TRS Rhinoplasty Symposium (On or before 8-24/ Between 8-25 and 10-5 / On or After 10-6) PSTM registration is required to register for the Rhinoplasty Symposium. Residents/Fellows Members Non-members \$150/\$175/\$225 \$175/\$200/\$250 \$275/\$300/\$350			
	Total Pre-Conference Symposia Fees		\$

Special Events	Fee	# of Tickets	Total Fee
□ (38249) WPS Sunrise Yoga	\$25		
☐ (705) Welcome Reception (included w/ registration)	\$0		
☐ (37978) Women Plastic Surgeons' Luncheon (Residents & Medical Students/ All other attendees)	\$40/\$75		
☐ (37927) ASMS Annual Business Meeting and Luncheon	\$50		
(37972) Under the Neon Moon (On or before 10-05 / On or After 10-6) International Attendees Domestic Attendees	\$0/\$195 \$175/\$195		
□ (730) ASPS/PSF Annual Business Meeting and Luncheon	\$0		
☐ (37685) WPS Reception	\$0		
□ (37687) YPS Networking Reception	\$0		
☐ (37688) Military Reception	\$0		
☐ (37689) Affiliate Member Reception	\$0		
☐ (37690) PRIDE Reception	\$0		
☐ (37855) Plastic Surgeons of Chinese Descent Program and Reception	\$0		
		Total Amount	\$

PAYMENT				(Check only one payment option)	
$\hfill\Box$ A check made payable to ASPS $$ - or - $$ $\hfill\Box$ Visa $^\circ$	☐ 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