

# IN-PERSON REGISTRATION FORM

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

**plastic surgery**

THE MEETING

HOUSTON, TX  
 OCT. 15-18, 2026

**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 Category		Early Bird before 8/13	Advance 8/14-9/24	Late on or after 9/25
ASPS/ASMS Members & Subscribers	<input type="checkbox"/> <b>ASPS/ASMS Active Member, Associate, Life-Inactive Member, Candidates for Membership International Member, and International Candidates</b>	\$1,095	\$1,355	\$1,550
	<input type="checkbox"/> <b>ASPS/ASMS Life-Active Member</b>	\$0	\$100	\$535
	<input type="checkbox"/> <b>ASPS/ASMS Resident/Fellow (RFF Subscriber)</b>	\$95	\$345	\$635
	<input type="checkbox"/> <b>Active Military Duty</b>	\$0	\$100	\$595
	<input type="checkbox"/> <b>ASPS International Trainee (Subscriber)</b>	\$95	\$345	\$635
	<input type="checkbox"/> <b>Medical Student (Subscriber)</b>	\$95	\$345	\$635
	<input type="checkbox"/> <b>ASPS Affiliate Member</b>	\$695	\$935	\$995
Non-Member Physicians	<input type="checkbox"/> <b>Guest Physician<sup>†</sup></b> <i>copy of medical license required</i>	\$1,665	\$1,965	\$2,215
	<input type="checkbox"/> <b>International Trainee (Non-Subscriber)</b> <i>verification letter from training program director required</i>	\$565	\$800	\$1,000
	<input type="checkbox"/> <b>Resident/Fellow (RFF Non-Subscriber)<sup>†</sup></b>	\$565	\$800	\$1,000
Non-Member Medical and Industry Personnel	<input type="checkbox"/> <b>Plastic Surgery Team Member<sup>†</sup></b> <i>letter from physician employer required</i>	\$965	\$1,265	\$1,320
	<input type="checkbox"/> <b>Industry Research and Academic Personnel<sup>†</sup></b> <i>letter of verification required</i>	\$1,665	\$1,965	\$2,215
	<input type="checkbox"/> <b>Investment Analyst<sup>†</sup></b> <i>letter of verification required</i>	\$1,665	\$1,965	\$2,215
	<input type="checkbox"/> <b>Medical Student (Non-Subscriber)</b> <i>copy of student ID or letter from medical school registrar required</i>	\$565	\$800	\$1,000
Guest Registration	<input type="checkbox"/> <b>Guest</b>	\$365	\$525	\$550
	<input type="checkbox"/> <b>Life-Active Member Guest</b>	\$235	\$450	\$525
	<input type="checkbox"/> <b>Child</b> <i>15 years of age or younger</i>	\$145	\$295	\$325
<b>Total Registration Fees</b>				<b>\$</b>

 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<sup>1</sup>  Other \_\_\_\_\_

<sup>†</sup>Subject to verification and approval by ASPS.  
 1. Additional fee may apply for special meal accommodations.

# IN-PERSON REGISTRATION FORM

Virtual Pre-Conference Symposia	Fee	Total Fee
(46688) Medical Student Day (Online)	\$0	
<b>Total Virtual Pre-Conference Symposia Fees</b>		<b>\$</b>

In-Person Symposia	Fee	Total Fee
(46912) ASPS/MSS Migraine Surgery Symposium (On or before 8/13 / Between 8/14 and 9/24) <input type="checkbox"/> Residents/Fellows <input type="checkbox"/> Members <input type="checkbox"/> Non-members	\$995/\$1,150 \$1,275/\$1,475 \$1,475/\$1,699	
(46707) Senior Residents Conference <input type="checkbox"/> ASPS Residents and Fellows Forum Members <input type="checkbox"/> Non-members	\$375/\$395/\$425 \$475/\$495/\$525	
(46704) Hot Topics in Plastic Surgery (On or before 8-24/ Between 8-25 and 10-5 / On or After 10-6) <input type="checkbox"/> Members & Residents/Fellows <input type="checkbox"/> Non-members	\$295/\$395/\$525 \$425/\$525/\$695	
(46644) ASPS/TRS Rhinoplasty Symposium (On or before 7/31 / Between 8/1 and 9/18 / On or after 9/19) <small>PSTM registration is required to register for the Rhinoplasty Symposium.</small> <input type="checkbox"/> Residents/Fellows <input type="checkbox"/> Members <input type="checkbox"/> Non-members	\$175/\$250/\$295 \$295/\$350/\$425 \$425/\$550/\$625	
<b>Total Pre-Conference Symposia Fees</b>		<b>\$</b>

Special Events	Fee	Total Fee
<input type="checkbox"/> (47003) WPS X Wellness: Morning Reset	\$35	
<input type="checkbox"/> (45927) Welcome Reception (included w/ registration)	\$0	
<input type="checkbox"/> (46852) Woman Plastic Surgeons' Luncheon (Residents & Medical Students/All other attendees)	\$90/\$115/\$150	
<input type="checkbox"/> (46727) ASMS Annual Business Meeting and Lunch	\$75	
(46855) International & PSF Reception <input type="checkbox"/> International Attendees <input type="checkbox"/> Domestic Attendees	\$0 \$195	
<input type="checkbox"/> (45933) ASPS/PSF Annual Business Meeting and Luncheon	\$0	
<input type="checkbox"/> (46857) WPS Reception	\$0	
<input type="checkbox"/> (46856) YPS Networking Reception	\$0	
<input type="checkbox"/> (46842) YPS Luncheon (Residents & Medical Students/All other attendees)	\$90/\$115/\$150	
<b>Total Amount</b>		<b>\$</b>

**PAYMENT**

*(Check only one payment option)*

A check made payable to ASPS - or -  Visa<sup>®</sup>  Mastercard<sup>®</sup>  American Express<sup>®</sup>  Discover Card<sup>®</sup>

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**