

PSTM26 ON-DEMAND 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"/> ASPS/ASMS Active Member, Associate, Life-Inactive Member, Candidates for Membership International Member, and International Candidates | \$925 | \$1,150 | \$1,295 |
| | <input type="checkbox"/> ASPS/ASMS Life-Active Member | \$50 | \$100 | \$450 |
| | <input type="checkbox"/> ASPS/ASMS Resident/Fellow (RFF Subscriber) | \$0 | \$250 | \$500 |
| | <input type="checkbox"/> Active Military Duty | \$0 | \$100 | \$450 |
| | <input type="checkbox"/> ASPS International Trainee (Subscriber) | \$0 | \$250 | \$500 |
| | <input type="checkbox"/> Medical Student (member of ASPS Medical Student Forum) | \$0 | \$250 | \$500 |
| | <input type="checkbox"/> ASPS Affiliate Member | \$575 | \$795 | \$875 |
| Non-Member Physicians | <input type="checkbox"/> Guest Physician[†] <i>copy of medical license required</i> | \$1,365 | \$1,625 | \$1,795 |
| | <input type="checkbox"/> International Trainee (Non-Subscriber) <i>verification letter from training program director required</i> | \$525 | \$725 | \$875 |
| | <input type="checkbox"/> Resident/Fellow (RFF Non-Subscriber)[†] | \$525 | \$725 | \$875 |
| Non-Member Medical and Industry Personnel | <input type="checkbox"/> Plastic Surgery Team Member[†] <i>letter from physician employer required</i> | \$795 | \$1,050 | \$1,125 |
| | <input type="checkbox"/> Industry Research and Academic Personnel[†] <i>letter of verification required</i> | \$1,375 | \$1,625 | \$1,795 |
| | <input type="checkbox"/> Investment Analyst[†] <i>letter of verification required</i> | \$1,375 | \$1,625 | \$1,795 |
| | <input type="checkbox"/> Medical Student (Non-Subscriber) <i>copy of student ID or letter from medical school registrar required</i> | \$525 | \$725 | \$875 |
| Total Registration Fees | | | | \$ |

| Virtual Pre-Conference Symposia | Fee | # of Tickets | Total Fee |
|---|-----|--------------|-----------|
| (46688) Medical Students' Day | \$0 | | |
| Total Virtual Pre-Conference Symposia Fees | | | \$ |

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 _____

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