

EXPERIENCED INSIGHTS IN  
BREAST AND BODY CONTOURING

September 8–10, 2022 | Hotel Crescent Court • Dallas, TX



Exhibit Dates: September 9 – 10, 2022

Set Up Date: September 9, 2022

The company name as shown on this form will appear in all Aesthetic Society related promotions/publications. Please use appropriate capitalization. Complete a separate contract for each company or division. **Contracts will not be processed without payment.** Return completed application form via email to [erika@theaestheticsociety.org](mailto:erika@theaestheticsociety.org) or fax to 212.921.0011. Deadline: August 1, 2022, or as space permits.

Exhibiting Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Company Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Exhibit Contact — Responsible for coordination and communication with The Aesthetic Society. All exhibit related information including reminders, login access/passwords, invoices, etc. will be sent to the person listed below.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Six-foot Table: \$2,450.** Includes two chairs, trash can and two company representative badges – room is carpeted.

**Total Amount Due: \$ \_\_\_\_\_ Full payment is required with agreement. Method of Payment – Please check one:**

ACH Payments - (must include reference: **Breast&Body2022** in payment description). Email completed Bank ACH transaction receipt: [erika@theaestheticsociety.org](mailto:erika@theaestheticsociety.org)

**Bank Name:** Wells Fargo  
**Routing Number:** 122000247

**Account Name:** The American Society for Aesthetic Plastic Surgery, INC  
**Account Number:** 916017114

Check # \_\_\_\_\_ enclosed. All checks must be made out in US Dollars and made payable to The Aesthetic Society. All checks must be mailed to: The Aesthetic Society, 11262 Monarch Street, Garden Grove, CA 92841

Credit Card Please charge the full amount to:  Mastercard  Visa  American Express

**Credit Card #** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Name of Cardholder:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Attendance Agreement/Liability**

- No Friends and Family. I will not allow any individual to participate in my place.
- No Photographs. I will not photograph, record, or take any screen captures of the presentations.
- PHI Confidentiality. I will hold in strictest confidence any protected health information revealed.
- Permission to be Photographed. I understand The Aesthetic Society will record this event for its own purposes, including republication in print and on its digital platforms. I hereby give permission for The Aesthetic Society and its assigned, to use my name, photograph, and public-facing biography, without compensation to me, in conjunction with any such uses.
- COVID-19 Policy. I agree to adhere to all infectious disease protocols in place during the event, including those imposed by The Aesthetic Society, the venue, the county health department, and any state directives, and if I so fail, I hereby consent to be ejected from the venue with no refund.
- Assumption of Risk. I accept and assume all risks of my in-person participation, including the risk of injury or contracting an infectious disease, including but not limited to COVID-19 exposure.
- Release of All Claims. I hereby release, indemnify against all costs, expenses, and attorney fees, and hold harmless the event venue and The Aesthetic Society, as well as their respective affiliates, directors, officers, agents, employees, contractors, or volunteers, from any claims related in any fashion to the event.

**Cancellations and or No Shows**

All cancellations must be sent via email to [erika@theaestheticsociety.org](mailto:erika@theaestheticsociety.org). Cancellation policies are as follows: There will be a 25% administrative fee of the total cost for ALL refunds/cancellations. Any cancellation received after June 30, 2022, or no shows to the meeting, will not be refunded.

I have read the Attendance Agreement/Liability and Cancellation information and my company's representatives, and I agree to adhere to this policy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR AESTHETIC SOCIETY USE ONLY**

<b>Exhibitor ID#</b>	<b>Cost:</b>	<b>Received by The Aesthetic Society:</b>
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