

# THE AESTHETIC CRUISE 2024

JULY 11-23, 2024



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Cred: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Spouse/Accompanying Guest Name: \_\_\_\_\_  
(To be provided on attendee roster only to aid networking)

For your convenience, plastic surgeons may register online at:  
[meetings.theaestheticsociety.org/cruise](https://meetings.theaestheticsociety.org/cruise)  
All others must submit this form with documentation as requested.

Check here if, under the American Disabilities Act, you require specific accommodations to fully participate. (A staff person will contact you)

	Early Bird	After April 1	
Aesthetic Society Active Member, Associate Member, International Active Member, & International Associate Member	\$1,350	\$1,550	\$ _____
Guest Plastic Surgeon	\$1,625	\$1,995	\$ _____
LIFE, Aesthetic Care Team, Allied Health	\$500	\$600	\$ _____
Resident / Fellow	\$500	\$600	\$ _____
Industry Observer (Must provide letter of verification of employment on company letterhead)		\$3,500	\$ _____
		<b>Total:</b>	\$ _____

**REGISTRATION POLICY**  
The meeting sponsors are not responsible for cancellations/itinerary changes, etc. determined by Oceania and therefore will not be liable for travel expenses or penalties incurred as a result of these changes or under any circumstances.  
Consult your tax advisor for specific taxable details and/or consequences.  
By registering for this event: You will be receiving additional communications about this event. Non-EU/UK registrants will also be receiving information about future events and/or products and services.  
For EU/UK Registrants: Pursuant to GDPR, do you wish to receive information about future events and/or products and services?  Yes  No

**ATTENDANCE AGREEMENT**  
By registering for The Aesthetic Cruise 2024, I agree to the following:

- Disclose Relevant Commercial/Financial Relationships - I will disclose my relationships prior to asking questions in any educational session.
- 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.
- 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.

**Required for attendance:** By checking this box, I certify that I have read and I accept this Attendance Agreement.

**PAYMENT:**  MasterCard  Visa  American Express  Check Payable to: **The Aesthetic Society** (US Funds ONLY) is enclosed  
Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**SEND TO:**  
The Aesthetic Society • 11262 Monarch St, Garden Grove, CA 92841, USA • Fax: 562.799.1098 • Phone: 562.799.2356 • registrar@theaestheticsociety.org

**PLEASE ALLOW 10 BUSINESS DAYS FOR AN EMAIL ACKNOWLEDGEMENT**  
Refunds not considered unless a written request is emailed to registrar@theaestheticsociety.org by May 30, 2024, or mailed to The Aesthetic Society and postmarked by May 30, 2024. Refunds made on or before May 30, 2024, will be subject to a 15% administrative fee. No refunds after May 30, 2024.