



# Combined: FACE + RHINO – BREAST + BODY

September 5–8, 2024 • Scottsdale, AZ • Sponsored by The Aesthetic Society



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

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

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

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

I will be attending The Combined Symposium:  In-Person  Virtual

Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate at the meeting.

## SYMPOSIUM REGISTRATION FEES

	Super-Early Bird On or Before 5/15	Early Bird On or Before 7/1	Registration On or After 7/2
<b>Aesthetic Society Active and International Active Member</b>	<input type="checkbox"/> \$1,499	<input type="checkbox"/> \$1,650	<input type="checkbox"/> \$1,799
<b>Aesthetic Society Associate Program Member</b> *Must be a current enrollee in the Associate Program	<input type="checkbox"/> \$1,499	<input type="checkbox"/> \$1,650	<input type="checkbox"/> \$1,799
<b>Guest Plastic Surgeon</b> *Written verification of ABPS certification or of membership in an international society is required. For ASDS, AAFPRS or ASOPRS members, please provide proof of membership.	<input type="checkbox"/> \$1,899	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,350
<b>Aesthetic Society Life Member / Resident – In Person</b>	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600	<input type="checkbox"/> \$700
<b>Aesthetic Society Life Member/Resident – Virtual ONLY</b>	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
<b>Aesthetic Care Team Affiliate Program Enrollee</b> *Aesthetic Care Team Affiliate Program only for staff of Active & International Active Members	<input type="checkbox"/> \$500	<input type="checkbox"/> \$575	<input type="checkbox"/> \$660
<b>Allied Health Personnel / Office Personnel</b> *Must provide letter verifying employment by an ABPS-certified plastic surgeon, or member of ASDS, AAFPRS OR ASOPRS.	<input type="checkbox"/> \$625	<input type="checkbox"/> \$700	<input type="checkbox"/> \$799
<b>Industry Observer</b> *Must provide letter of verification of employment on company letterhead.	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,350
<b>Facial &amp; Rhinoplasty Cadaver Lab (Friday, September 6)</b>	<input type="checkbox"/> \$1,199	<input type="checkbox"/> \$1,199	<input type="checkbox"/> \$1,399

**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 the GDPR, do you wish to receive information about future events and/or products and services?  Yes  No

**By registering for this event:** I agree, as an attendee, to be included on the mailing list (name, physical mailing address and email address) provided to the exhibiting companies for this event. Your meeting registration fees are directly impacted by exhibiting company support – please participate to keep fees manageable.

Agree  Do Not Agree

### Attendance Agreement:

- 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 assigns to use my name, photograph and public-facing biography, without compensation to me, in conjunction with any such uses.
- Health and Wellness 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.
- 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.

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

## PAYMENT

MasterCard  American Express  Visa  Check Payable to: The Aesthetic Society (US Funds ONLY)

Account #: \_\_\_\_\_ Exp: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Please see website for cancellation policy.

### Send Payment to:

The Aesthetic Society  
11262 Monarch Street,  
Garden Grove, CA 92841 USA  
Phone: 562-799-2356 Fax: 562-799-1098