



FACIAL AND RHINOPLASTY SYMPOSIUM

January 12–14, 2023 • 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 Facial and Rhinoplasty Symposium: In-Person Virtually

Check here if, under the American Disabilities Act, you require accommodations to fully participate at the meeting.

Symposium Registration Fees

	On or Before 12/1	On or After 12/2
Aesthetic Society Active, AAFPRS Active Member & International Active Member	<input type="checkbox"/> \$1,499	<input type="checkbox"/> \$1,650
Aesthetic Society Associate Program Member *Must be a current enrollee in the Associate Program	<input type="checkbox"/> \$1,499	<input type="checkbox"/> \$1,650
Guest Plastic Surgeon *Must be a surgeon certified by or board-eligible for The American Board of Plastic Surgery	<input type="checkbox"/> \$1,899	<input type="checkbox"/> \$2,050
Aesthetic Society Life Member / Resident–In-Person Aesthetic Society Life Member / Resident Online Only *Must be enrolled in The Aesthetic Society’s Resident Program. International Residents must provide verification from your plastic surgery program director.	<input type="checkbox"/> \$500 <input type="checkbox"/> \$0	<input type="checkbox"/> \$600 <input type="checkbox"/> \$0
Aesthetic Care Team Affiliate Program Enrollee *Aesthetic Care Team Affiliate Program only for staff of Active & International Active Members	<input type="checkbox"/> \$500	<input type="checkbox"/> \$575
Allied Health Personnel / Office Personnel *Must provide letter verifying employment by an ABPS-certified plastic surgeon.	<input type="checkbox"/> \$625	<input type="checkbox"/> \$700
Industry Observer *Must provide letter verifying employment on company letterhead.	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,050
Cadaver Lab	<input type="checkbox"/> \$1,199	<input type="checkbox"/> \$1,199

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

For all registrants: I agree, as an attendee, to be included on the mailing list (name and physical mailing address ONLY) 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–Online and In-Person

- 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, 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.

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: _____

Send Payment to:

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

PLEASE SEE WEBSITE FOR CANCELLATION POLICY.
No refunds issued after December 12, 2022

