

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 or fax to 212.921.0011. Deadline: December 1, 2021, 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:** _____

Opportunities:

Six-foot Table: \$2,200 – IN-PERSON

- Includes two chairs, trash can and two company representative badges – room is carpeted.
- Pre-Registration attendee list will be emailed one week prior to the event to the Exhibit Contact.

Promotional Exhibitor and Sponsor: \$1,500 - VIRTUAL

- Includes banner, description with embedded video capabilities, downloadable resources, contacts, and live chat.
- Logo embedded on meeting event sponsor page.
- One Industry Meeting Attendee pass.
- Report of attendees who opted to share their contact information while visiting your profile, listing views, resource downloads stats and chat logs.
- Pre-Registration attendee list will be emailed one week prior to the event to the Exhibit Contact.

Exhibitor Showcase: \$200 - VIRTUAL

- Includes company logo, name, description, contact and website link.
- Pre-Registration attendee list will be emailed one week prior to the event to the Exhibit Contact.

Exhibitor Representative – Virtual Only: \$350 per person - VIRTUAL

- Includes one pass to attend the meeting virtually. Only employees of the above company are eligible for this pass. Surgeons are not eligible for Exhibitor Representative virtual passes. Please complete the below for company representative(s). If additional space is needed, please contact erika@theaestheticsociety.org. Be sure to use the individual's company email address, as they will be provided a unique link to access the meeting.

Name: _____ **Email:** _____

Name: _____ **Email:** _____

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

ACH Payments - (must include reference: **Face&Rhino2022** in payment description). Email completed Bank ACH transaction receipt: erika@theaestheticsociety.org

Bank Name: Wells Fargo **Account Name:** The American Society for Aesthetic Plastic Surgery, INC
Routing Number: 122000247 **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:** _____



Exhibit Dates: January 14 – 15, 2022

Set Up Date: January 13, 2022

Attendance Agreement/Liability

Virtual 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.

In-Person Only

- 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

All cancellations must be sent via email to erika@theaestheticsociety.org. Cancellation policies are as follows:

Onsite Tabletop Exhibits, Promotional Exhibitor and Sponsor, and Exhibitor Showcase: There will be a 25% administrative fee of the total cost for ALL refunds/cancellations. Any cancellations received after November 30, 2021, will not be refunded.

Exhibitor Representative – Virtual Only: There will be a 15% administrative fee for ALL refunds/cancellations. Any cancellations received after December 13, 2021, 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

Exhibitor ID#	Cost:	Date Application Was Received by The Aesthetic Society:
Points:	Assignment:	