



FACIAL AND RHINOPLASTY SYMPOSIUM

January 12-14, 2023 | Virgin Hotels Las Vegas • Las Vegas, NV



Exhibit Dates: January 12 – 14, 2023

Set Up Date: January 11, 2023

Exhibit Your Way! Choose a 6-foot table or cocktail round.

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, 2022, or as space permits.

Exhibiting Company Name: _____

Address: _____

City: _____ **State:** _____ **Country:** _____ **Zip:** _____

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:** _____

Fee \$2,450 – Select which option best suits your needs:

- Six-foot Table:** Includes two chairs and two company representative badges
- One Cocktail Round Table:** Includes two chairs and two company representative badges

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

- ACH Payments - (must include reference: **Face&Rhino2023** in payment description). Email completed Bank ACH transaction receipt: 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
There will be an additional 3% credit card processing fee added to the total charge

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.
- 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.

Cancellations and or No Shows

All cancellations must be sent via email to 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 **November 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

Exhibitor ID#	Cost:	Received by The Aesthetic Society:
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