

NUANCES IN INJECTABLES – THE NEXT BEAUTY FRONTIER

JANUARY 12, 2024, 4:30PM–8:00PM CST



First Name:	Last Name:	Cred:
Street Address:	City:	
State:	ZIP/Postal:	Country:
Phone:	Mobile:	
Email:		

For your convenience, plastic surgeons may register online at:
meetings.theaestheticsociety.org/injectables
All others must submit this form with documentation as requested.

Aesthetic Society Active & International Active Member	\$250	\$ _____
Aesthetic Society Associate & International Associate Member Must be a current enrollee in the Associate Program	\$250	\$ _____
Guest Plastic Surgeon Must be a surgeon certified by or board eligible for The American Board of Plastic Surgery	\$350	\$ _____
Guest Physician Must be a member of the American Academy of Facial & Plastic Reconstructive Surgery, American Society for Dermatologic Surgery, or American Society of Ophthalmic Plastic & Reconstructive Surgery <input type="checkbox"/> AAFPRS <input type="checkbox"/> ASDS <input type="checkbox"/> ASOPRS	\$350	\$ _____
Aesthetic Care Team Affiliate Program Enrollee Aesthetic Care Team Affiliate Program only for staff of Active & International Active Members	\$250	\$ _____
Injector Must be practicing within your legal scope of practice	\$350	\$ _____
AmSpa Member <input type="checkbox"/> NP/APRN <input type="checkbox"/> RN <input type="checkbox"/> Physician <input type="checkbox"/> Medical Director <input type="checkbox"/> PA	\$299	\$ _____
Resident / Fellow Must be enrolled in The Aesthetic Society's Resident Program. International Residents must provide verification from your plastic surgery program director	\$0	\$ _____
Industry Observer Must provide letter of verification of employment on company letterhead	\$350	\$ _____
	Total:	\$ _____

ATTENDANCE AGREEMENT

By registering for Nuances in Injectables 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.

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 December 1, 2023, or mailed to The Aesthetic Society and postmarked by December 1, 2023. Refunds made on or before December 1, 2023, will be subject to a 15% administrative fee. No refunds after December 1, 2023.