



**Exhibit Dates: Saturday, October 12 – Sunday, October 13, 2024**  
**Set Up Date: Friday, October 11, 2024, from 3:00 pm – 6:00 pm**

**Exhibit Your Way!** Choose a 6-foot table or you may also choose to send two representatives and not have any exhibit presence - attend the sessions and network! Participation includes Facilitated Networking Reception, meals (per Agenda), and access to most sessions (see prospectus for details) for up to two representatives.

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](mailto:erika@theaestheticsociety.org) or fax to 212.921.0011. Deadline: August 15, 2024 or as space permits.

**Exhibiting Company Name:** \_\_\_\_\_

**Address, City, State, 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:** \_\_\_\_\_

**Fee \$2,550 – Select which option best suits your needs:**

- Six-foot Table:** Includes two chairs and two company representative badges
- Company Representatives Only:** Includes two company representative badges

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

- ACH Payments - (must include reference: **Residents2024** in payment description). Email completed Bank ACH transaction receipt: [erika@theaestheticsociety.org](mailto: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.
- 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.
- Assumption of Risk. You accept and assume all risks of your in-person participation, including the risk of injury or contracting an infectious disease.

**Cancellations and or No Shows**  
 All cancellations must be sent via email to [erika@theaestheticsociety.org](mailto: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 **August 15, 2024**, 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**

<b>Exhibitor ID#</b>	<b>Cost:</b>	<b>Received by The Aesthetic Society:</b>
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