

Registration is open to Plastic Surgery Residents & Fellows in approved programs in the United States and Canada. If you are a current Resident or Fellow you must be enrolled in our Residents & Fellows Program. You are also eligible to attend if you recently completed your residency and/or fellowship and are enrolled in our Associate Program. The symposium registration is complimentary, as The Aesthetic Society's gift to you. There is no CME available for this symposium.

I will be attending: In-Person

First Name: Last Name:

St. Address: City:

State: Zip/Postal Code: Country:

Phone: Mobile:

Email: Alt. Email:

FOR CURRENT RESIDENTS & FELLOWS

Residency: Integrated Independent PGY:

Fellowship: Aesthetic Breast Craniofacial Hand Microsurgery Other:

Program Completion Date (MM/YY): Program Name:

FOR RECENT GRADUATES

Practice Type: Private Small Group Large Group Academic Other:

Program Completion Date (MM/YY): Program Name:

ATTENDANCE AGREEMENT

- 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

Symposium Registration Fees: Complimentary with required \$100 holding fee (Refundable at meeting conclusion)

MasterCard American Express Visa Check Payable to: The Aesthetic Society (US Funds ONLY)

Account #: Exp: Card Holder Name:

SEND REGISTRATION AND PAYMENT TO:

The Aesthetic Society c/o Christina Diaz • 11262 Monarch St., Garden Grove, CA 92841, USA

Email: Christina@theaestheticsociety.org • Fax: 562-799-1098 • Phone: 562-799-2356