## The Business of Launching Your Practice The Aesthetic Society's Gift of Expert Advice A Virtual Event

First Name:	rst Name: Last Name:				
St. Address:		City:			
State:	Zip/Postal Code:	Country:			
Phone:		Mobile:			
Email:		Alt. Email:			
Resident/Fell Must be enrol See website for n	<b>\$</b> 0				
Aesthetic Soc	<b>ciety Active or Associate Members</b> ent graduate, 5 years or less out of residen	cy or fellowship	<b>\$</b> 500		
	am Member (Max 10 attendees) It be a Society Active or Associate Member		<b>\$</b> 500		

## ATTENDANCE AGREEMENT-ONLINE

- 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.
- Assumption of Risk. I accept and assume all risks of my in-person participation, including the risk of injury or contracting an infectious disease.

- 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	📃 Visa	Check Payable to: The Aesth	etic Society (US Funds ONLY)	
MasterCard American Express		Ex	kb:	
Account #:				
Card Holder Name:				

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