

First Name:  Last Name:

St. Address:  City:

State:  Zip/Postal Code:  Country:

Phone:  Mobile:

Email:  Alt. Email:

**Resident/Fellow**

\$0

Must be enrolled in the Residents and Fellows program

[See website for more details on how to enroll](#)

(Please note, you will be charged \$500 if cancelling after September 27)

**Aesthetic Society Active or Associate Members**

\$500

Must be a recent graduate, 5 years or less out of residency or fellowship

**Aesthetic Team Member (Max 10 attendees)**

\$500

Employer must be a Society Active or Associate Member

**ATTENDANCE AGREEMENT—ONLINE AND IN-PERSON**

- 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 Aesthetic Society (US Funds ONLY)

MasterCard  American Express

Exp:

Account #:

Card Holder Name:

Reminder: Residents and Fellows will be charged a \$500 cancellation fee if they cancel after September 27, or are a no show at the event without cancelling.

**SEND REGISTRATION AND PAYMENT TO:**

The Aesthetic Society • 11262 Monarch St., Garden Grove, CA 92841, USA

Fax: 562-799-1098 • Phone: 562-799-2356