



Company Name: _____

Contact Person: _____

Phone: _____ Email: _____

Presenter: _____

Cell Phone: _____ Email: _____

Title of Presentation: _____

Type of Presentation: Lecture Demo

Description of Presentation:

[Empty text box for description]

Payment Information:

ACH Payments - (must include reference: **Innovation** in payment description). Email completed Bank ACH transaction receipt: 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. 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: _____ CVV: _____

Name of Cardholder: _____ Billing Zip Code: _____

Cancellations and or No Shows: Cancellations or no shows will not be refunded.

The undersigned hereby acknowledges that The Aesthetic Society is not responsible for this presentation, its content, speakers, overall outcome, or attendance. The views expressed and the quality of the content are that of the presenters and the hosting company and are not a reflection of The Aesthetic Society's opinions. By signing this form, you acknowledge and agree.

Company Representative: _____ Signature: _____ Date: _____

Requests must be received no later than: February 1, 2025