

REGISTRANT INFORMATION

By providing your fax and/or email address, you are hereby authorizing The Aesthetic Society/ASERF to contact you via these methods.

First Name	Mid. Initial	Last Name	Credentials
ID#	Address		For your convenience, plastic surgeons may register online at surgery.org/meeting2021
City / State / Zip			
Phone	Fax	Office Contact	
Email			All others must submit this form with documentation as requested.

Please check here if you are disabled and require special services to fully participate
 I will be attending The Aesthetic Meeting 2021: ~~In-Person~~ Virtual

SURGEON REGISTRATION FEES

	Early Bird by 3/10/21	Pre-Reg 3/10–4/21/21	Total
<input type="checkbox"/> Aesthetic Society Member (Active/International)	\$960	\$1145	\$ _____
<input type="checkbox"/> Aesthetic Society Life Member	\$250	\$250	\$ _____
<input type="checkbox"/> Aesthetic Society Candidate/International Candidate for Membership	\$1095	\$1240	\$ _____
<input type="checkbox"/> Guest Surgeon	\$1625	\$1795	\$ _____
<input type="checkbox"/> Resident/Fellow <small>Written verification of ABPS certification or of membership in an int'l society is required</small>	\$0	\$0	\$ _____
<input type="checkbox"/> Active US Military Duty (50% off applicable registration fee)	50% off above	50% off above	\$ _____

AESTHETIC CARE TEAM REGISTRATION FEES

			Total
<input type="checkbox"/> Aesthetic Care Team Affiliate Program Enrollee—RN/PA/NP	\$500	\$575	\$ _____
<input type="checkbox"/> Aesthetic Care Team Affiliate Program Enrollee—Other Staff <small>Aesthetic Care Team Affiliate Program only for staff of Active & International Active Members</small>	\$500	\$575	\$ _____
<input type="checkbox"/> Other Team Member/Nursing Staff (please check one of the following): <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> Office <small>A letter from your board-certified plastic surgeon employer indicating that you are currently employed as office staff, a Registered Nurse, Nurse Practitioner or Physician Assistant in their office and a copy of your RN, NP or PA license are required.</small>	\$625	\$700	\$ _____
<input type="checkbox"/> Medical Student (Virtual Only) <small>A certified letter from the Dean of Admissions is required.</small>	\$0	\$0	\$ _____

OPTIONAL EDUCATION with Special Fees – Limited Space Available

S1 Women Plastic Surgeons' Symposium	Thursday	1:00pm–5:00pm	\$100	\$ _____
S2* Cosmetic Medicine	Friday	7:00am–1:00pm	\$200	\$ _____
S3 Temperament Theory	Friday	8:00am–12:00pm	\$280	\$ _____
S4* Gluteal Symposium	Friday	8:00am–12:30pm	\$315	\$ _____
S5 Rhinoplasty Symposium	Friday	8:00am–1:00pm	\$350	\$ _____
S6 Skills for Successful Patient Coordinators	Friday	8:00am–2:00pm	\$550	\$ _____
S7* Facelift Masterclass with Dr. Timothy Marten	Friday	1:00pm–6:00pm	\$350	\$ _____
S8* Premier Global Hot Topics	Friday	1:30pm–6:30pm	\$350	\$ _____
S9A* Physician Extender Injector Course–Level 1	Friday	2:00pm–4:00pm	\$175	\$ _____
S9B* Physician Extender Injector Course–Level 2	Friday	4:30pm–6:30pm	\$175	\$ _____
S10A Correct Coding for Flaps, Grafts, Lacerations	Friday	2:00pm–4:00pm	\$175	\$ _____
S10B Breast Reconstruction Coding	Friday	4:30pm–6:30pm	\$175	\$ _____
S11 Ritz Carlton Delivering an Elevated Experience	Friday	3:30pm–6:30pm	\$300	\$ _____
S12 Patient Coordinator Alums	Friday	4:30pm–6:30pm	\$375	\$ _____
Total Optional Education with Special Fees				\$ _____

By registering for this event: You will receive additional communications about this event. Non-EU/UK registrants will also be receiving information about future events and/or products and services.

For EU/UK registrants: Pursuant to the GDPR, do you wish to receive information about future events and/or products and services? Yes No

Payment

Amount

Check/Bank Draft Number: _____ \$ _____

Visa American Express Mastercard

Name on Card: _____ Signature: _____

Card Number: _____ CVV: _____ Exp: _____ Zip: _____

By registering for The Aesthetic Meeting 2021, I agree to the following:

- 1. Disclose Relevant Commercial/Financial Relationships**—I will disclose my relationships prior to asking questions in any educational session.
- 2. Non-Transferrable**—I will not allow any individual to participate in my place.
- 3. No Photographs**—I will not photograph, record, or take any screen captures of any scientific sessions or teaching courses.
- 4. PHI Confidentiality**—I will hold in strictest confidence any protected health information revealed.
- 5. 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.
- 6. COVID-19 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.
- 7. 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.
- 8. 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.

Signature Required: _____ Date: _____

Please allow 10 business days for an email or faxed acknowledgement.

Fees for Registration include the Presidential Welcome Reception, Scientific Sessions, Exhibits, Lunch in the Exhibits and coffee breaks.

Registration must be postmarked no later than April 21, 2021 to qualify for discounted fees.

Return Mail to:

The Aesthetic Society, 11262 Monarch Street, Garden Grove, CA 92841 USA

Or Fax to: (562) 799-1098

Can I change my choice of virtual or in-person attendance?

Registrations may change from in-person attendance to virtual attendance and vice versa until Monday, April 12, 2021. Email The Aesthetic Society at theaestheticsociety@surgery.org to request the change. Please be aware that changing from virtual attendance to in-person attendance is subject to availability and cannot be guaranteed.

Cancellation Policy

Refunds will not be considered unless a written request is submitted by Monday, April 12, 2021. Refunds will be subject to a minimum 15% administration fee. No Refunds after April 12, 2021.

For Additional Information call The Aesthetic Society central office (562) 799-2356 or visit surgery.org/meeting2021.