

**1 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 \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ ID# \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Office Contact \_\_\_\_\_  
 Email Address \_\_\_\_\_ Badge Nickname \_\_\_\_\_

\*I will be attending The Aesthetic Meeting 2022  In-Person  Virtual

Please check here if you are disabled and require special services to fully participate.

For your convenience, plastic surgeons may register online at [meetings.theaestheticsociety.org/the-aesthetic-meeting](https://meetings.theaestheticsociety.org/the-aesthetic-meeting)  
 All others must submit this form with documentation as requested.

**Postmark Dates:**

**2 SURGEON REGISTRATION FEES**

	<b>Early Bird by 3/1/2022</b>	<b>Pre-Reg. 3/2/2022 - 4/14/2022</b>	<b>Onsite</b>	<b>Amount Paid</b>
<input type="checkbox"/> Aesthetic Society Member (Active/International)	\$999	\$1199	\$1399	\$ _____
<input type="checkbox"/> Aesthetic Society Life Member	\$250	\$250	\$300	\$ _____
<input type="checkbox"/> Aesthetic Society Candidate/International Candidate for Membership	\$999	\$1199	\$1399	\$ _____
<input type="checkbox"/> Guest Surgeon Written verification of ABPS certification or of membership in an international society is required	\$1699	\$1875	\$2035	\$ _____
<input type="checkbox"/> Resident/Fellow Residents and Fellows must provide written verification of participation in an approved plastic surgery residency or fellowship program with expected graduation date, attested to by the Chief of Service. International residents must provide written verification of participation in an approved plastic surgery residency or fellowship program, attested to by the Chief of Service and written verification from the national plastic surgery society that their Chief of Service is a member of that national society. The letter must be written and signed by the chief of service and must include a phone number, fax number and email address. Registration will not be processed until all information is verified with the chief and national society in which the chief is a member.	\$0	\$0	\$0	\$ _____
<input type="checkbox"/> Active US Military Duty (50% off applicable registration fee)	50% off above	50% off above	50% off above	\$ _____

**3 AESTHETIC CARE TEAM REGISTRATION FEES**

<input type="checkbox"/> Aesthetic Care Team Affiliate Program Enrollee - RN/PA/NP	\$500	\$575	\$699	\$ _____
<input type="checkbox"/> Aesthetic Care Team Affiliate Program Enrollee - Other Staff	\$500	\$575	\$699	\$ _____
<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 Staff *A letter from your board-certified plastic surgeon employer indicating that you are currently employed as office staff, RN, NP or PA in their office and a copy of your RN, NP or PA license are required.	\$650	\$725	\$855	\$ _____
<input type="checkbox"/> ISPAN Member (please check one of the following): <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA *Verification of membership required.	\$625	\$700	\$799	\$ _____
<input type="checkbox"/> Medical Student A certified letter from the Dean of Admissions is required.	\$0	\$0	\$0	\$ _____

**4 SPOUSE/ACCOMPANYING GUEST FEES**

<input type="checkbox"/> Spouse/Guest	\$150	\$150	\$250	\$ _____
<input type="checkbox"/> Aesthetic Marketplace Only A letter from the employing board-certified plastic surgeon is required. Note: No credits for educational sessions provided; to obtain credits one must register under your profession in categories 2 (Surgeon Registration) or 3 (Aesthetic Surgeon Team Member Registration). If spouse/guest registers for paid courses, please complete a separate registration form.	\$50	\$65	\$75	\$ _____

**5 OTHER FEES**

<input type="checkbox"/> Presidential Welcome Reception Ticket	\$150	\$150	\$210	\$ _____
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**6** OPTIONAL EDUCATION WITH SPECIAL FEES – LIMITED SPACE AVAILABLE

	Days and times	Fee	
<input type="checkbox"/> <b>S01</b> Women Aesthetic Surgeons' Symposium	(Weds) 1:00pm–5:00pm	\$100	\$ _____
<input type="checkbox"/> <b>S02</b> Nurses Cadaver Lab	(Thurs) 7:00am–10:00am	\$250	\$ _____
<input type="checkbox"/> <b>S03* Cosmetic Medicine</b>	(Thurs) 7:00am–1:00pm	\$200	\$ _____
<input type="checkbox"/> <b>S04</b> Endoscopic Cadaver Workshop	(Thurs) 7:30am–1:00pm	\$1800	\$ _____
<input type="checkbox"/> <b>S05</b> Re-Designing Your Aesthetic Practice	(Thurs) 8:00am–12:00pm	\$280	\$ _____
<input type="checkbox"/> <b>S06</b> Temperament Theory	(Thurs) 8:00am–12:00pm	\$280	\$ _____
<input type="checkbox"/> <b>S07* Gluteal Symposium</b>	(Thurs) 8:00am–12:30pm	\$315	\$ _____
<input type="checkbox"/> <b>S08* Rhinoplasty Symposium</b>	(Thurs) 8:00am–1:00pm	\$350	\$ _____
<input type="checkbox"/> <b>S09</b> Skills for Successful Patient Coordinators	(Thurs) 8:00am–2:00pm	\$550	\$ _____
<input type="checkbox"/> <b>S10</b> Medical Life Drawing and Sculpting	(Thurs) 8:00am–5:00pm	\$600	\$ _____
<input type="checkbox"/> <b>S11</b> Composite Facelifts Simplified - A Cadaver Workshop	(Thurs) 11:00am–6:30pm	\$2000	\$ _____
<input type="checkbox"/> <b>S12</b> Residents and Fellows Forum	(Thurs) 12:00pm–6:00pm	\$0	\$ _____
<input type="checkbox"/> <b>S13* Masterclass: Facelift - Planning and Technique</b>	(Thurs) 1:30pm–6:30pm	\$350	\$ _____
<input type="checkbox"/> <b>S14* Premier Global Hot Topics</b>	(Thurs) 1:30pm–6:30pm	\$350	\$ _____
<input type="checkbox"/> <b>S15</b> Modern Techniques in Rhinoplasty - A Cadaver Workshop	(Thurs) 2:00pm–6:00pm	\$1800	\$ _____
<input type="checkbox"/> <b>S16A* Physician Extender Injector - Part 1</b>	(Thurs) 2:00pm–4:00pm	\$175	\$ _____
<input type="checkbox"/> <b>S16B* Physician Extender Injector - Part 2</b>	(Thurs) 4:30pm–6:30pm	\$175	\$ _____
<input type="checkbox"/> <b>S17A</b> Correct Coding for Flaps, Grafts, Lacerations	(Thurs) 2:00pm–4:00pm	\$175	\$ _____
<input type="checkbox"/> <b>S17B</b> Focus on Breast Reconstruction Coding	(Thurs) 4:30pm–6:30pm	\$175	\$ _____
<input type="checkbox"/> <b>S18</b> The Ritz-Carlton: Brand Differentiating Service	(Thurs) 3:30pm–6:30pm	\$300	\$ _____
<input type="checkbox"/> <b>S19</b> Patient Coordinator Alums	(Thurs) 4:30pm–6:30pm	\$375	\$ _____
<input type="checkbox"/> <b>S20</b> Aesthetic Laser Fundamentals for Residents and Fellows	(Sat) 12:00pm–4:00pm	\$0	\$ _____

\*Available Virtual or In-Person

**7** All Inclusive Optional Education Registration

Select the courses you plan to attend on Friday, Saturday, and Sunday as they are included with your registration. Pre-planning will allow us to reserve a seat for you, however if you arrive after the course has started, your seat will not be guaranteed. You may change your selection(s) at any time.

	Course Selection
Friday, 2:00pm – 4:00pm	100 series _____
Friday, 4:30pm – 6:30pm	200 series _____
Saturday, 2:00pm – 4:00pm	300 series _____
Saturday, 4:30pm – 6:30pm	400 series _____
Sunday, 10:30am – 12:30pm	500 series _____
Sunday, 2:30pm – 4:30pm	600 series _____

**8** PAYMENT

Check/Bank Draft # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Card Number: \_\_\_\_\_  VISA  MasterCard  American Express Signature: \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**PLEASE ALLOW 10 BUSINESS DAYS FOR AN EMAIL OR FAXED ACKNOWLEDGEMENT**

Fees for Registration include the Presidential Welcome Reception, Scientific Sessions, Mini Symposia, Sunrise Sessions, All-Inclusive Courses, Exhibits, Lunch in the Exhibits and coffee breaks. **Registration must be postmarked no later than April 14, 2022 to qualify for discounted fees.**

✉ RETURN BY MAIL TO: **The Aesthetic Society, 11262 Monarch Street, Garden Grove, CA 92841 USA**  
 ☎ OR FAX TO: **+1 562.799.1098**

**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 Thursday, April 7, 2022. Email The Aesthetic Society at [admin@theaestheticsociety.org](mailto:admin@theaestheticsociety.org) to request the change.

**Cancellation Policy:** Refunds will not be considered unless a written request is submitted by Thursday, April 14, 2022. Refunds will be subject to a minimum 15% administration fee. No Refunds after April 14, 2022.

**For Additional Information** call The Aesthetic Society at +1 562.799.2356 or visit [meetings.theaestheticsociety.org/the-aesthetic-meeting](https://meetings.theaestheticsociety.org/the-aesthetic-meeting).

By registering for The Aesthetic Meeting 2022, I agree to the following:

- **Disclose Relevant Commercial/Financial Relationships** – I will disclose my relationships prior to asking questions in any educational session.
- **Non-Transferrable** – I will not allow any individual to participate in my place.
- **No Photographs** – I will not photograph, record, or take any screen captures of any scientific sessions or teaching courses.
- **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.
- **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.
- **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.

**Signature Required:**

**Date:**