### THE AESTHETIC MEETING 2024 REGISTRATION FORM

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. \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_ First Name ID# \_\_\_\_ City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_ Address Telephone ( \_\_\_\_\_\_ ) \_\_\_\_\_ Office Contact Email Address \_\_\_ Badge Nickname \_\_\_ \_\_\_\_\_ Spouse/Guest Badge Name \_\_\_\_ (If applicable) Spouse/Guest Name \_\_\_\_ For your convenience, plastic surgeons may register online at I will be attending The Aesthetic Meeting 2024 🛛 In-Person 🖓 Virtual meetings.theaestheticsociety.org/the-aesthetic-meeting Please check here if you are disabled and require special services to fully participate. All others must submit this form with documentation as requested. Postmark Dates: Early Bird by Pre-Rea. 2 SURGEON REGISTRATION FEES 3/8/2024 3/9 - 4/25/2024 **Onsite Amount Paid** Aesthetic Society Member (Active/International) \$1175 \$1389 \$1599 \$ Aesthetic Society Life Member (Registration only, no social events) \$289 \$319 \$369 \$ Aesthetic Society Associate / Internat'l Associate for Membership \$1175 \$1389 \$1599 \$ Guest Surgeon \$1869 \$2069 \$2349 \$ Written verification of ABPS certification or of membership in an international society is required. For ASDS, AAFPRS or ASOPRS members, please provide proof of membership. See website for accepted proofs of membership. Resident/Fellow \$100 \$250 \$500 \$ 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. □ Active US Military Duty (50% off applicable registration fee) 50% off above 50% off above 50% off above \$ **3** AESTHETIC CARE TEAM REGISTRATION FEES Aesthetic Care Team Affiliate Program Enrollee - RN/PA/NP \$629 \$715 \$889 \$ Aesthetic Care Team Affiliate Program Enrollee - Other Staff \$629 \$715 \$889 \$ Other Team Member/Nursing Staff (please check one of the following): \$819 \$915 \$1079 \$ RN NP PA Office Staff Employer must be board-certified plastic surgeon, or member of ASDS, AAFPRS or ASOPRS. Must provide letter from employer indicating that you are currently employed as office staff or RN/NP/PA in their office and a copy of your RN/NP/PA license are required. □ ISPAN Member (please check one of the following): \$785 \$885 \$999 \$ 🖸 RN 🖸 NP 🗳 PA \*Verification of membership required. Medical Student \$100 \$100 \$100 A certified letter from the Dean of Admissions is required. Non-Invasive Session – VIRTUAL ONLY \$550 \$550 \$550 \$ (Includes virtual access to Non-Invasive session and Aesthetic Arena programming). Employer must be board-certified plastic surgeon, or member of ASDS, AAFPRS or ASOPRS. If you are not an ACTA Enrollee, must provide letter from employer indicating that you are currently employed as office staff or RN/NP/PA in their office and a copy of your RN/NP/PA license are required. 4 SPOUSE/ACCOMPANYING GUEST FEES □ Spouse/Guest \$179 \$199 \$299 \$ Aesthetic Marketplace Only \$60 \$80 \$90 \$ A letter from the employing board-certified plastic surgeon is required. Note: No credits provided; to obtain credits one must register under your profession in categories 2(Surgeon Registration Fees) or 3(Aesthetic Care Team Registration Fees). If spouse/guest registers for courses, please complete a separate registration form. 5 OTHER FEES

May 2–5

Page 1 of 2

Industry Observer	\$3500	\$3500	\$3500 \$		
Presidential Welcome Reception Ticket	\$150	\$150	\$210 \$		
The Aesthetic Foundation 5K Fun Run	\$51.50	\$51.50	\$51.50 \$		
To ensure your full donation supports research, your 5K Fun Run total already includes credit card processing fees.					

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## FOR UPDATES AND DISCLOSURES, VISIT: meetings.theaestheticsociety.org

# THE AESTHETIC MEETING 2024 REGISTRATION FORM

Days and Times	Fee	
(Thurs) 7:30am—1:00pm	\$2,000	\$
(Thurs) 8:00am–12:00pm	\$500	\$
(Thurs) 8:00am—1:00pm	\$350	\$
(Thurs) 9:00am–3:00pm	\$550	\$
(Thurs) 9:00am–11:30am	\$125	\$
(Thurs) 11:30am—6:00pm	\$0	\$
(Thurs) 11:45am—1:15pm	\$100	\$
(Thurs) 1:30pm–6:30pm	\$375	\$
(Thurs) 1:30pm–6:30pm	\$375	\$
(Thurs) 2:00pm–6:00pm	\$2,000	\$
(Thurs) 2:00pm-6:00pm	\$2,000	\$
(Thurs) 2:00pm-4:00pm	\$175	\$
(Thurs) 4:30pm–6:30pm	\$175	\$
(Thurs) 3:30pm–6:30pm	\$350	\$
(Thurs) 4:00pm-6:00pm	\$375	\$
(Fri) 12:00pm-4:00pm	\$0	\$
	(Thurs) 7:30am–1:00pm (Thurs) 8:00am–1:00pm (Thurs) 8:00am–1:00pm (Thurs) 9:00am–3:00pm (Thurs) 9:00am–1:30am (Thurs) 9:00am–11:30am (Thurs) 11:45am–1:15pm (Thurs) 11:45am–1:15pm (Thurs) 1:30pm–6:30pm (Thurs) 1:30pm–6:30pm (Thurs) 2:00pm–6:00pm (Thurs) 2:00pm–6:00pm (Thurs) 3:30pm–6:30pm (Thurs) 3:30pm–6:30pm	(Thurs) 7:30am-1:00pm       \$2,000         (Thurs) 8:00am-1:00pm       \$500         (Thurs) 8:00am-1:00pm       \$350         (Thurs) 9:00am-3:00pm       \$350         (Thurs) 9:00am-3:00pm       \$550         (Thurs) 9:00am-1:00pm       \$125         (Thurs) 9:00am-6:00pm       \$100         (Thurs) 11:30am-6:00pm       \$0         (Thurs) 11:45am-1:15pm       \$100         (Thurs) 1:30pm-6:30pm       \$375         (Thurs) 1:30pm-6:30pm       \$2,000         (Thurs) 2:00pm-6:00pm       \$2,000         (Thurs) 2:00pm-6:00pm       \$2,000         (Thurs) 2:00pm-6:00pm       \$2,000         (Thurs) 3:30pm-6:30pm       \$350         (Thurs) 3:30pm-6:30pm       \$350         (Thurs) 4:00pm-6:00pm       \$375

As a registrant for The Aesthetic Meeting 2024: You will be receiving 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

For all registrants: I agree, as an attendee, to be included on the mailing list (name, physical mailing address and email address) provided to the exhibiting companies for this event. Your meeting registration fees are directly impacted by exhibiting company support – please participate to keep fees manageable. Agree Do Not Agree

#### Attendance Agreement–Online and In-Person

By registering for The Aesthetic Meeting 2024, 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 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 but not limited to 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.

Signature Required:		Date:	
7 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 EMAI Fees for Registration include the Presidential Welcom Lunch in the Exhibits and coffee breaks. <b>Registratio</b>	ne Reception, Scientific Sessi	ons, Mini Symposia, Sunrise	
PLEASE RETURN BOTH PAGES OF THE REGISTRAT	ION FORM.		
$\boxtimes$ RETURN BY MAIL TO: The Aesthetic Society, 112	62 Monarch Street, Garder	n Grove, CA 92841 USA 💻	OR FAX TO: <b>+1 562.799.1098</b>
OUR EMAIL ADDRESS IS: admin@theaestheticsociet	ty.org.		
Can I change my choice of virtual or in-person at	5	5	

and vice versa until Thursday, April 18, 2024. Email The Aesthetic Society at admin@theaestheticsociety.org to request the change.

Cancellation Policy: Refunds will not be considered unless a written request is submitted by Thursday, April 25, 2024.

Refunds will be subject to a minimum 15% administration fee. No Refunds after April 25, 2024.

For Additional Information call The Aesthetic Society at +1 562.799.2356 or visit meetings.theaestheticsociety.org/the-aesthetic-meeting.