



2012 Spring Symposium Registration Form

	Advanced Registration (Before Dec 29)	General Registration (Dec 29-Feb 9)	Regular Registration (After Feb 9)
<input type="checkbox"/> Member/Applicant/ASLS	\$700	\$800	\$900
<input type="checkbox"/> Non Member	\$900	\$1000	\$1100
<input type="checkbox"/> Allied Health	\$300	\$400	\$500
<input type="checkbox"/> AHNM	\$400	\$500	\$600
<input type="checkbox"/> Resident/ Training Fellow	\$200	\$300	\$400
<input type="checkbox"/> Spouse/Guest	\$150	\$150	\$250

Physician Name: _____ ID #: _____

Guest Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail (for confirmation): _____

Payment: Visa MasterCard American Express

Name on Card: _____

Card Number: _____ CVC: _____ Exp. Date: _____

Signature: _____

Complete and return the registration form:

Via Email

Luis Gomez
lgomez@cosmeticsurgery.org

Via Mail

American Academy of Cosmetic Surgery
737 North Michigan Ave, Suite 2100
Chicago, IL 60611-5641

Via Fax

Fax: 312.981.6787