



AMERICAN ACADEMY OF COSMETIC SURGERY CALL FOR LIVE SURGERY WORKSHOP FORM

Please complete the information below pertaining to the meeting you would like to plan (please type or print):

1. Program Title: _____
2. Program Director: _____
3. Proposed Program Dates: _____
4. Location (city, state): _____
5. Program Format: Live Surgery Workshop
6. Meeting sponsored by: AACS ASLSS ASHRS other joint (provide explanation)

7. Course Objective (Description) / Course Needs Assessment: _____

8. Approximate # of CME hours: _____ 9. Number of Attendees Anticipated: _____
9. Will there be space for exhibiting companies? Yes No If yes, how many? _____
10. Skill Level of Class: Beginner Intermediate Advanced
11. Teaching Method (you may check more than one):
 Didactic Video Handout Booklet Live Surgery

 Hands- on Workshop (type of lab desired) _____
12. Please list key faculty: _____

13. Please list preliminary audio visual (AV) requirements: _____

14. Location(s): Hospital Surgery Center Hotel Other _____
Name of location(s): _____

15. Please attach an outline of your preliminary program: _____

Please fax back to AACS headquarters at 312.981.6787 by September 18, 2009.