



First Name: _____ Last Name: _____ Credentials: _____

Street Address: _____ City: _____

State: _____ ZIP/Postal Code: _____ Country: _____

Phone: _____ Mobile: _____ Email: _____

☐ Check here if, under the American Disabilities Act, you require accommodations to fully participate at the meeting.

Symposium Registration Fees

	On or Before 10/15	On or After 10/16
Aesthetic Society Active, AAFPRS Active Member & International Active Member	<input type="checkbox"/> \$1,748	<input type="checkbox"/> \$1,948
Aesthetic Society Associate Program Member *Must be a current enrollee in the Associate Program	<input type="checkbox"/> \$1,748	<input type="checkbox"/> \$1,948
Guest Plastic Surgeon	<input type="checkbox"/> \$1,899	<input type="checkbox"/> \$2,050
Aesthetic Society Life Member / Resident *Must be enrolled in The Aesthetic Society's Resident Program. International Residents must provide verification from your plastic surgery program director.	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
Observation ONLY: Endoscopic and Deep Neck Cadaver Lab Sunday from 8:00am - 2:00pm	<input type="checkbox"/> \$850	<input type="checkbox"/> \$850

By registering for this event: 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 and physical mailing address ONLY) 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

- No Friends and Family. 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 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.

☐ **Required for attendance:** By checking this box, I certify that I have read and I accept this Attendance Agreement.

Payment

☐ MasterCard ☐ American Express ☐ Visa ☐ Check Payable to: The Aesthetic Society (US Funds ONLY)

Account #: _____ Exp: _____

Card Holder Name: _____

PLEASE SEE WEBSITE FOR CANCELLATION POLICY.
No refunds issued after October 15, 2025

Send Payment to:

The Aesthetic Society
11262 Monarch Street
Garden Grove, CA 92841 USA
Phone: 562-799-2356
Fax: 562-799-1098