

REGISTRATION FORM

Society of Plastic Surgical Skin Care Specialists – 16th Annual Meeting

April 20–23, 2010 • Gaylord National Hotel & Convention Center, Washington, DC

STEP 1

Name: _____ Credentials: _____
Badge Nickname: _____ Employing Physician's Name: _____

Please list additional SPSSCS Members from the same office attending with you:
(Each member must submit an individual registration form. Please photocopy this form.)

Work Address: _____

City _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

*E-mail: _____ *Registration confirmation will be sent via email or fax.

Special Needs for the Disabled: _____

STEP 2

- Are you planning to attend the **Pose Ultra Lounge Social Event** on Wednesday Evening (4/21)? Yes No
- Are you planning to attend the **ASAPS "Cosmetic Medicine: Strategies for Success in 2010 Featuring Live Patient Demonstrations of Treatments and Results—YOU Be the Judge!"** on Friday, April 23 from 7:30am to 5:30pm? (See Preliminary Program for Details) Yes No
- How did you hear about this meeting? Magazine Ad Mailer Website Other: _____
- What's your favorite movie? _____

MENTOR PROGRAM Select only ONE

- I would like to participate as a Meeting Mentor to a new member or first-time attendee.
I am a current SPSSCS member (required)
- I am a new member and/or first time attendee and would like to have a Meeting Mentor assigned to me.

STEP 3

BREAKOUT SESSIONS—Wednesday, April 21 — Circle the number of the courses you plan to attend. See Program Schedule for Session Descriptions
2:15 – 3:30pm 1st Choice: #1 #2 #3 2nd Choice: #1 #2 #3 • **4:00 – 5:15** 1st Choice: #4 #5 #6 2nd Choice: #4 #5 #6

STEP 4

REGISTRATION FEES

All Fees in U.S. Dollars

	Post-marked On or Before March 5, 2010	Between March 6–April 1*	On-Site April 20–23	Subtotal
<input type="checkbox"/> SPSSCS Member** Recession Buster Fee	\$320	\$450	\$475	\$ _____
<i>**If your 2010 Membership Dues are not paid, your registration will be processed as a Non-Member.</i>				
<input type="checkbox"/> Non-Member	\$675	\$700	\$725	\$ _____

Tuesday, April 20—Optional Pre-Meeting Courses:

1:30 – 5:30 pm – 4 Hours

1. **Lasers – Practical Applications** \$50 \$50 \$75 \$ _____

2. **Novice Course: Introduction to Building a
Plastic Surgical Skin Care Practice** \$50 \$50 \$75 \$ _____

1:30 – 3:30 pm – 2 Hours

3. **Master Course: Injectable Thread Lift Technique** \$50 \$50 \$75 \$ _____

Accompanying Guest Pose Ultra Lounge Social Event Ticket Wednesday, April 21

(One Social Event Ticket is included with your registration.)

Additional tickets must be purchased for accompanying guests.)

Qty _____ x \$130 each. \$ _____

Total Amount Enclosed \$ _____

***AFTER FRIDAY, APRIL 1, 2010 YOU MUST REGISTER ON-SITE AND PAYMENT MUST BE VIA CREDIT CARD.**

STEP 5

PAYMENT A check made payable to SPSSCS (in US Dollars) is enclosed.

Charge my: MasterCard VISA AMEX Card Number: _____ Exp. Date: _____ Security Code _____

Card Holder Name: _____ Signature: _____

MAIL/FAX TO: SPSSCS, 11262 Monarch St., Garden Grove, CA 92841-1441 USA • Fax 562/799-1098 • Phone 562/799-0466 or 800/486-0611 • E-mail info@spsscs.org

Registration Cancellation Policy— Refunds for meeting registration will ONLY be considered when a written request is mailed to the SPSSCS Central Office and postmarked by April 5, 2010. Refunds will be subject to a 10% administrative fee. No refunds will be issued to registrants who fail to attend the meeting.

DISCLAIMER The content of this program is presented solely for educational purposes and is intended for use by medical practitioners in the plastic surgery specialty. This material is intended to express the opinions, techniques or approaches of the authors and presenters, which may be beneficial, and/or of interest to other practitioners. Sponsorship of this program is not to be construed, in any fashion, as an endorsement of the materials presented.