EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN March 3, 2017.** Changes may be made at no charge until this date. Any changes must be made onsite. Additional registrations over the badge allotment will be assessed a $100 per badge charge, payable before or at the time of registration. Refunds will not be issued for unclaimed badges.

Return to: American Association of Plastic Surgeons
Fax: 978-524-0461 or **industry@aaps1921.org**

Name of Exhibiting Company: _____

Phone: _____ Fax: _____ Email: _____

Registrant #1: The official in charge of the booth(s) on-site will be:

Name: _____

Registrant #2: Please list the remaining registrant other than the on-site official contact listed above.

Name: _____

Additional Badges: $100 each. Please include names as an attachment.

Please charge my: ☐ AMERICAN EXPRESS ☐ MasterCard ☐ VISA

Card #:_____ Security Code _____Exp_____
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Please DO NOT email credit card numbers, please fax to secured fax # above.

❑ Please check if credit card billing address is same as contact information at the top of the form.
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Company Name _____

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Exhibitor certifies that the named person(s) meet your eligibility qualifications. I further understand that badges are not to be issued to representatives of leasing companies, financial institutions, publishers, suppliers, vendors, or others who wish to gain admittance for the purpose of making contacts other than in our exhibit. Exhibitors may not register any person eligible for registration at General Registration. All people registered under your company name must be employees of your company. Should anyone request a different company or organization name on their badge they will be asked to pay the full attendee fee for that category. i.e. physician, distributor, non exhibiting industry. Should anyone from your company request CME credits, they cannot register as an exhibitor, but must register in the appropriate category. i.e. physician, nurse, physician's assistant.

Signature: Date: