



AMERICAN ASSOCIATION OF PLASTIC SURGEONS 2017 ANNUAL MEETING & SYMPOSIA

REGISTRATION FORM

March 25-28, 2017 ♦ JW Marriott Austin ♦ Austin, Texas

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Institution: _____ E-mail: _____

Spouse/Guest Name: _____

FULL REGISTRATION (Includes Annual Meeting and both Aesthetic and Reconstructive Symposia)

	<u>Through 1/27/17</u>	<u>After 1/27/17</u>	<u>On-Site</u>	<u>Total</u>
_____ AAPS Member	\$800	\$900	\$950	\$_____
_____ Retired Life Fellow	<i>Complimentary ~ President's Banquet Ticket(s) can be purchased separately</i>			
_____ Resident/Med. Student/Fellow	\$400	\$500	\$550	\$_____
_____ Non-Member	\$950	\$1,050	\$1,100	\$_____
_____ EURAPS Member	<i>Complimentary</i>			

ANNUAL MEETING

	<u>Through 1/27/17</u>	<u>After 1/27/17</u>	<u>On-Site</u>	<u>Total</u>
_____ AAPS Member	\$625	\$675	\$775	\$_____
_____ Retired Life Fellow	<i>Complimentary ~ President's Banquet Ticket(s) can be purchased separately</i>			
_____ Resident/Med. Student/Fellow	\$375	\$425	\$525	\$_____
_____ Non-Member	\$750	\$800	\$900	\$_____
_____ EURAPS Member	<i>Complimentary</i>			
_____ Spouse/Guest	\$350	\$350	\$400	\$_____

TICKETED EVENTS

_____ President's Banquet Only	\$250	\$250	\$250	\$_____
_____ Women's Luncheon	\$35	\$35	\$35	\$_____

If you would like to add on one Symposium:

	<u>Reconstructive</u>	<u>Aesthetic</u>	<u>Total</u>
_____ AAPS Member, Resident, Fellow, or Med. Student	\$200	\$150	\$_____
_____ Non-Member	\$225	\$200	\$_____

If you would like to register for just one or both of the Symposia without registering for the Annual Meeting please contact the AAPS Administration office at meetings@aaps1921.org or by calling 978-927-8330.

SPECIALITY (Please Circle One)

- Aesthetic
- Head & Neck
- Breast
- Research
- Craniofacial/ Peds
- Trunk & Extremity
- Education
- Other

METHOD OF PAYMENT

Please make checks (in U.S. funds) payable to:
AAPS 500 Cummings Center Suite 4550 Beverly, Massachusetts 01915
Phone: 978-927-8330 Fax: 978-524-0461

TOTAL AMOUNT DUE:
\$ _____

Please charge my registration fees to the following credit card:   

Name As It Appears on Credit Card: _____

Billing Address of Card Holder: Same as Above or _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ Expiration Date: _____ / _____

Security Code: _____ (See card images below) Where is your Card Security Code?

Your credit card's security code is a 3- or 4- digit number located on the front or back of your credit card.

Signature: _____

I would like to pay by check (enclosed).



All requests for cancellations must be received in writing. If a cancellation is received at the Association's Administrative Office prior to Friday, February 17, 2017, the registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after February 17th will be assessed on a case by case basis.