



EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN March 16, 2018**. 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.

COMPANY NAME and contact filling out this form: _____

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

3 Registrants included with a booth space	2 registrants included with a table top space
Personnel #1 first/last name & Cell number:	Personnel #1 first/last name & Cell Number:
Personnel #2 first/last name:	Personnel #2 first/last name:
Personnel #3 first/last name:	

Please add first/last name for additional Badges: \$100 each.

TOTAL CHARGES FOR EXTRA BADGES		\$

Please charge my:

Card #: _____ Security Code _____ Exp _____
 Name on the card _____ Signature: _____

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.
- If billing address is not the same please enter below.

Street Address _____

City/State/Postal Code /Country _____

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: _____