



MAILING LIST ORDER FORM

The pre-registration list is available in list format on a one time, one use basis after March 16, 2018. The cost is \$100.⁰⁰. The final registration list will be available approximately 3 weeks after the close of the annual meeting. The cost is \$100.⁰⁰. Payment and a copy of your mail piece must be included with order form and sent to:

The American Association of Plastic Surgeons
 500 Cummings Center, Suite 4400
 Beverly, MA 01915
 Telephone: 978-927-8330
 Fax: 978-524-0461 industry@aaps1921.org

- Pre- registration list: \$100
- Final registration list: \$100

Total amount to be charged \$ _____:   

Card #: _____ Security Code: _____ Exp: ____ / ____

Name On Card: _____ Signature: _____ Date: _____

Company Name: _____

Billing Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email: _____

Please do not email credit card numbers. Please send to secure fax number above

I understand by ordering the mailing list for the AAPS, I will use them once and will not reproduce them. Please note that this list is seeded to detect unauthorized use and may be used for this mailing only. If unauthorized use is found, a \$1,000 fee will be imposed.

Contact Name: _____

Signature: _____ Date: _____

Approved By: _____	Payment Processed: _____	Returned to: _____	Mailed On: _____
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