



AMERICAN ASSOCIATION OF PLASTIC SURGEONS 2018 ANNUAL MEETING & SYMPOSIA

REGISTRATION FORM

April 7-10, 2018 ♦ Westin Seattle ♦ Seattle, Washington

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)

		After 1/29/18	On-Site	Total
_____	AAPS Member	\$875	\$975	\$_____
_____	Retired Life Fellow	Complimentary ~ President's Reception Ticket(s) can be purchased separately		
_____	Resident/Med. Student/Fellow	\$500	\$600	\$_____
_____	Non-Member	\$1,100	\$1,200	\$_____
_____	EURAPS Member	Complimentary		

ANNUAL MEETING

		After 1/29/18	On-Site	Total
_____	AAPS Member	\$675	\$775	\$_____
_____	Retired Life Fellow	Complimentary ~ President's Reception Ticket(s) can be purchased separately		
_____	Resident/Med. Student/Fellow	\$425	\$525	\$_____
_____	Non-Member	\$800	\$900	\$_____
_____	EURAPS Member	Complimentary		
_____	Spouse/Guest	\$350	\$400	\$_____

TICKETED EVENTS

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

If you would like to add on one Symposium:

		Reconstructive	Aesthetic	Total
_____	AAPS Member, Resident, Fellow, or Med. Student	\$200	\$200	\$_____
_____	Non-Member	\$250	\$250	\$_____

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

METHOD OF PAYMENT

Please make checks (in U.S. funds) payable to:
AAPS 500 Cummings Center Suite 4400 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: _____

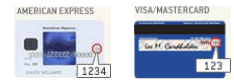
Credit Card #: _____ Expiration Date: _____ / _____

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 16, 2018, the registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after February 16th will be assessed on a case by case basis.