




## MAILING LIST ORDER FORM

The pre-registration mailing\* list will be available in Excel format on a one time, one use basis after April 26, 2021. The fee is \$100.00. The final registration mailing\* list will be available approximately 2 weeks after the close of the annual meeting. The fee 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](mailto:industry@aaps1921.org)

- Pre- registration list: \$100.00
- Final registration list: \$100.00

\*Does not include email addresses

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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