SYMPOSIUM REGISTRATION, THE CUTTING EDGE 2014

First Name	Last Name	
Badge Name		
Specialty		
Address		
City	State	
Country	Postal Code	
Phone	Fax	
Email		
(Physician email address is mandatory to confirm registration and to claim CME credit or Certificate of Attendance.)		
Travel Agent or Assistant Email		
(If applicable.)		
Year(s) attended The Cutting Edge Aesthetic Surgery Symposium		
Registration Fees Includes Tuition, Breakfasts, Lunches and Coffee Breaks.		
\$2,000	Early Physician Registration if received prior to August 1, 2014.	
\$2,200	Physician if received from August 2 - November 21, 2014.	
□ \$3,000	Physician Registration starting November 22, 2014 only if space permits.	
□ \$1,600	Resident and Fellow must be received by November 21, 2014. (Status verification letter by the Department Chairman must be submitted to complete registration.)	
□ \$1,600	☐ Physician Assistant ☐ Nurse ☐ Office Staff ☐ Spouse Must be received by November 21, 2014.	
\$2,000	Registration starting November 22, 2014 only if space permits.	
	☐ Resident / Fellow ☐ Physician Assistant ☐ Nurse ☐ Office Staff ☐ Spouse	
Payment Method		
☐ Check in U.S. Dollars payable to New York Plastic Surgery Foundation		
☐ Credit Card Authorization ☐ Visa ☐ Mastercard		
Please note there is a \$400 cancellation fee for all registrations made prior to September 1, 2014. A 50% refund will be given only if written notice is received by October 31, 2014. No refunds will be granted after November 1, 2014 and no exceptions of any kind can be made. All refund requests must be in writing and emailed or postmarked by the specific cutoff date.		
Credit Card Holder Name		
Billing Address		
City	City State	
Country	Postal Code	
Credit Card #		
Expiration Date Security Code		
Signature	MONTH YEAR Total Amount Ch	narged \$

Register online at www.astonbakersymposium.com or detach and mail, scan or fax back to:

Bernadette McGoldrick, Executive Director The Cutting Edge Aesthetic Surgery Symposium 728 Park Avenue, New York, NY 10021 Contact Release: I understand that by providing my fax number and/or email address, I hereby authorize The Cutting Edge Aesthetic Surgery Symposium to contact me via these methods.

Phone: +1 212-327-4681 • Fax: +1 646-783-3367 • Email: registration@astonbakersymposium.com