

THE ASTON BAKER CUTTING EDGE REGISTRATION

NEW YORK, NEW YORK DECEMBER 5 - DECEMBER 7, 2019

First Name _____ Last Name _____

Address _____

City _____ State _____

Country _____ Postal Code _____

Email _____

(Physician email address is mandatory to confirm registration and to claim CME credit or Certificate of Attendance.)

Specialty _____ Phone _____

Society Memberships _____

Travel Agent or Assistant Email _____

Special Early Registration Rate if received prior to May 31, 2019

Please send back this flyer to receive the early rate.

\$2100 Physician \$2000 New Physician in Practice

***New Physicians in Practice** may attend at a discounted rate provided it's been 4 years or less since completion of residency and you email documentation including a copy of your medical school diploma AND residency diploma to registration@nypsf.org

\$1600 Resident \$1600 Fellow

***Resident and Fellow** registration requires a status verification letter by the Department Chairman including hospital contact information and current year of training must be submitted by email to registration@nypsf.org

\$1600 Nurse \$1600 Physician Assistant \$1600 Practice Staff

Making Payment by: Wire Transfer Check (Please make check payable to: New York Plastic Surgery Foundation)

Charge Authorization: Mastercard Visa

Cancellations are subject to a minimum 20% administrative fee plus any surcharges imposed if paid by credit card. All refund requests must be in writing. No refunds will be granted after October 15, 2019 and no exceptions of any kind can be made.

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MONTH / YEAR

Signature _____ Total Amount Charged \$ _____

Mail check to:
Bernadette McGoldrick
NYPS Foundation
728 Park Avenue
New York, NY 10021

Fax: (646) 783-3367
Email: registration@nypsf.org
Phone: (212) 327-4681
Website: www.nypsf.org

Contact Release: I understand that by providing my email address, I hereby authorize The Aston Baker Cutting Edge Aesthetic Surgery Symposium to contact me via these methods.