## SYMPOSIUM REGISTRATION THE CUTTING EDGE 2017

## THE SHERATON TIMES SQUARE HOTEL NOVEMBER 30 - DECEMBER 2, 2017

First Name	Last Name
Address	
City	State
Country	Postal Code
Email	Society Memberships
(Physician email address is mandatory to confirm registration and to claim CME credit or Certificate of Attendance.)	
Travel Agent Email	Assistant Email
Specialty	Phone
Year(s) attended The Cutting Edge	
New Physician in Practice  *May attend at a discounted rate provided it has been four years or less since completion of residency and documentation is emailed, including a copy of your medical school diploma AND residency dipolma to registration@nypsf.org.	
\$1800 If received by November 9, 2017 \$200	00 Starting November 10, 2017
Physician	
\$2100 Physician If received by August 1, 2017  \$2300 Physician If received August 2, 2017 through November 9, 2017  \$2500 Physician Starting November 10, 2017	
RESIDENTS and FELLOWS A copy of your medical school diploma and 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.	
\$1500 If received by November 9, 2017	
Resident Fellow Physician Assistant	Nurse Nurse Practitioner Practice Staff
\$1700 Starting November 10, 2017	
Resident Fellow Physician Assistant	Nurse Nurse Practitioner Practice Staff
Making Payment by: Check (Please make check payable to: New York Plastic Surgery Foundation) Wire Transfer 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 November 1, 2017 and no exceptions of any kind can be made. Credit Card Billing Address	
City	State
Country	Postal Code
Card Holder Name	Credit Card #
Expiration Date /	Security Code
MONTH YEAR Signature	Total Amount Charged \$

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

**Contact Release:** I understand that by providing my phone number and/or email address, I hereby authorize The Cutting Edge Aesthetic Surgery Symposium to contact me via these methods.

Register online at www.nypsf.org

or fax to: +1-646-783-3367

or email form to: support@nypsf.org

For registration support: Phone +1-212-327-4681