

2017 PLASTIC SURGERY FORUM REGISTRATION FORM

December 14-17, 2017, The Breakers in Palm Beach, Florida

Main Registrants Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

REGISTRANT FEES

	EB Before 9/1/17	After 9/1/17	After 12/1/17
FSPS Member or Applicant	___ \$895	___ \$1100	___ \$1200
Non-Member Plastic Surgeon	___ \$1095	___ \$1300	___ \$1400
LifeMember	___ \$450	___ \$550	___ \$600
Residents/Fellows-in-training - Florida	___ N/C	___ N/C	___ N/C
Residents/Fellows-in-training - Non-Florida	___ \$450	___ \$500	___ \$600
Nurse Practitioner or Physician's Assistant in a plastic surgeons practice	___ \$450	___ \$550	___ \$600

Guest (Age 11 and Over) Number of Guest _____ \$300 each Total \$ _____

Guest (Age 10 and under) Number of Guest _____ \$300 each Total \$ _____

Guest's Full Name(s) - please print legibly for badge imprint

1) _____ 2) _____

3) _____ 4) _____

DAY PASSES AVAILABLE FOR 2017

	Thurs	Fri	Sat	Sun
FSPS Member or Applicant - \$450 per day	___	___	___	___
Non-Member Plastic Surgeon - \$550 per day	___	___	___	___
LifeMember - \$250 per day	___	___	___	___
Residents/Fellows-in-training - Florida - N/C	___	___	___	___
Residents/Fellows-in-training - Non-Florida - \$250 per day	___	___	___	___
Nurse Practitioner or Physician's Assistant in a plastic surgeons practice-\$250 per day	___	___	___	___

***Please note you must register a guest to receive a badge**

Registration Fee includes: Early Bird Reception on Thursday, Breakfast on Friday, Saturday & Sunday, Breaks, Lunch on Friday and Saturday, Friday Reception, Saturday Dinner Reception, Educational Program Friday - Sunday. Badges required in exhibit area.

2) Please indicate below ALL Social events you/Guests will attend

Thursday Workshops: (#1) 10-11:00 am (#2) 11-12:00 pm with Dr. Enrique Fernandez

Workshop #1 Number of Guest(s) _____ at \$125 per person

Workshop #2 Number of Guest(s) _____ at \$125 per person

Thursday Early Bird Reception: Number of Guest(s) _____

Friday Reception: Number of Guest(s) _____

Saturday Dinner: Number of Guest(s) _____

Friday Golf Tournament: Number of Guest(s) _____ \$220 Club Rental _____ \$95

Non-CME Session Friday - Open to All: Number of Guest(s) _____

Young Plastic Surgeons Breakfast Saturday: Number of Guest(s) _____

Young Plastic Surgeons Program Saturday: Number of Guest(s) _____

TOTAL AMOUNT FROM ALL CATEGORIES ABOVE \$ _____

If paying by credit card please complete the section below and e-mail or fax your registration form to the FSPS office. e-mail: srussell@hdplanit.com or fax (435)487-2011.

Payment Information: Credit Card Number _____ Exp. _____

CVV Code: _____ Name on Card: _____

Signature: _____

Billing Address if different from above: _____

If paying by check please send the completed registration form along with you payment to:

Florida Society of Plastic Surgeons (FSPS)
6300 Sagewood Drive, Suite H255
Park City, UT 84098

Cancellation Policy: Full refunds minus a \$50 service charge will be considered if written notice of cancellation is received on or before September 15, 2017. No refunds will be given after September 15, 2017.