

2018 PLASTIC SURGERY FORUM REGISTRATION FORM

December 13-16, 2018 The Breakers in Palm Beach, Florida

Main Registrants Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

REGISTRANT FEES

	EB Before 9/1/18	After 9/1/18	After 12/1/18
FSPS Member or Applicant	___\$895	___\$1100	___\$1200
Non-Member Plastic Surgeon	___\$1095	___\$1300	___\$1400
Life Member	___\$450	___\$550	___\$600
Resident/Fellows-in-training – Florida	___N/C	___N/C	___N/C
Resident/Fellows-in-training – Non-Florida	___\$450	___\$500	___\$600
Nurse Practitioner or Physician's Assistant in a plastic surgeons practice	___\$450	___\$500	___\$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 2018

	Thurs	Fri	Sat	Sun
FSPS Member or Applicant - \$450 per day	_____	_____	_____	_____
Non-Member Plastic Surgeon - \$550 per day	_____	_____	_____	_____
Life Member - \$250 per day	_____	_____	_____	_____
Resident/Fellows-in-training – Florida – N/C	_____	_____	_____	_____
Resident/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: Breakfast on Friday, Saturday & Sunday, Breaks, Lunch on Friday and Saturday, Friday Reception, Educational Program Friday - Sunday. Badges required in exhibit area.

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

Friday Reception: Number of Guest(s) _____
Saturday Soiree: Number of Guest(s) _____ \$50 Each
Friday Golf Tournament: Number of Guest(s) _____ \$250 Each _____ \$100 Club Rental
Non-CME Session Friday – Open to All: Number of Guest(s) _____
Young Plastic Surgeons Breakfast: Number of Guest (s) _____
Young Plastic Surgeons Program: 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. Email: srussell@hdplanit.com or Fax: (435) 487-2011.

PAYMENT INFORMATION

Credit Card Number: _____

Exp: _____ CVV: _____

Name on Card: _____

Signature: _____

Billing Address if different from above:

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

Florida Society of Plastic Surgeons (FSPS)
6300 Sagewood Drive H-255
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, 2018. No refunds will be given after September 15, 2018