

# 2019 PLASTIC SURGERY FORUM REGISTRATION FORM

December 12-15, 2019 The Breakers in Palm Beach, Florida

Main Registrants Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## REGISTRANT FEES

	EB Before 8/15/19	After 8/15/19	After 11/15/19
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 2019

	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 Reception:                    Number of Guest(s) \_\_\_\_\_ \$75 Each  
Friday Golf Tournament:                Number of Guest(s) \_\_\_\_\_ \$195 Each \_\_\_\_\_ \$100 Club Rental

**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: [aryberg@hdplanit.com](mailto:aryberg@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, 2019. No refunds will be given after September 15, 2019