



The New York  
Regional Society  
of Plastic Surgeons

# FULL DAY ANNUAL MEETING

## SATURDAY, NOVEMBER 17, 2018

### REGISTRATION FORM

PlasticSurgery.org/NYRSPS

Name \_\_\_\_\_

NYRSPS Member# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Personal E-mail \_\_\_\_\_

Name on Badge \_\_\_\_\_

Second Registrant's Name \_\_\_\_\_

- Check here if address above is new
- Check here if, under the American Disabilities Act, you require specific aids or devices to fully participate in this symposium
- Audio       Visual       Other
- Check here if you require a special meal //  Vegetarian //  Fruit Plate //  Kosher\* //  Other

\* Additional fee may apply.

MEETING REGISTRATION	COST PER PERSON	SUBTOTAL
<input type="checkbox"/> Resident & Fellows (with letter of verification if not enrolled in Resident & Fellow forum)	\$125	\$
<input type="checkbox"/> NYRSPS Member	\$125	\$
<input type="checkbox"/> NYRSPS Non-Member	\$425	\$
	<b>TOTAL</b>	\$

### PAYMENT

(Check only one payment option)

- A check made payable to NYRSPS - or -  Visa®  Mastercard®  American Express®

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

### REGISTER BY:

**Fax:** 847.228.7099  
**Phone:** 800.766.4955

**Mail:** ASPS | Attn: Finance Department  
444 E. Algonquin Road  
Arlington Heights, IL 60005-4664, USA  
Allow 10 days for processing

Provided jointly by ASPS and NYRSPS



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