

ASLMS 2024 REGISTRATION

First Name (Given)		Middle Initial				
Last Name (Family)		Degree (i.e., MD, PhD, RN)				
Address						
City	State/Region	ZIP Code	Country			
Phone	Emergency Name/Contact:	:				
Registrant Email	Administrative Email					
Category that you BEST fit under: \Box P	hysician \square Scientist/Researcher \square Nursir	ng/Allied Health \Box Indus	try			
Primary Area of Interest						
Are you a first-time ASLMS Conference a	ttendee? Yes No					
Primary Reason for Attending? \Box CMI	E/CE Credit \Box Education/Knowledge \Box No	letworking \Box Product Kn	owledge/Make a Purchase			
Please select ONE of the following that d	escribes your organization:					
\square Private Practice \square Educational Ins	titution \square Public Hospital \square Med Spa \square	Other:				
What is your primary role in purchasing of	decisions for products and services needed for y	your organization: \Box Alloca	te budget (decide how much to spend			
on devices, products, and services \Box	Provide information to others in the organiza	ation \square Specify product	requirements \square Recommend			
solutions \Box Make the final decision	$ \;\square $ I am not involved in purchasing decision	for my organization				
What is the annual budget for device, p	product, and service purchases for your organ	nization? \square \$10,000 or less	s \square \$10,001 to \$50,000 \square \$50,00			
to \$100,000	0 🗆 \$250,001 to \$500,000 🗆 \$500,001 to	o \$750,000 🗆 \$750,001 t	o \$999,999 \square \$1 million +			
☐ I don't know						
What is your specialty? \Box Dermatolog	$_{ ext{SY}}$ \square Aesthetics \square Plastic/Cosmetic Surge	ery \square Research \square Fam	ily Medicine \Box General Surgery			
\square Otolaryngology \square Internal Medic	ine \square Laser Safety \square OB/GYN \square Other:	:				
Dietary Restrictions or Food Allergies:	☐ Vegetarian ☐ Vegan ☐ Gluten Free ☐	☐ Lactose Intolerance ☐	Kosher □Other – please list:			
Check all that apply: \Box ASLMS Member	r \square Non-Member \square Early Career (student,	/resident)				
For the Conference, how would you lik	e to hear from our sponsors/exhibitors? \Box E	mail 🗆 Mail 🗀 I do no	ot wish to be contacted.			
Are you an early career member and in	terested in an Educational Scholarship to red	luce conference registration	n and/or additional conference			
expenses? \square Yes \square No						
If Yes, please provide your ASLMS involve	ement and contributions including awards, abst	ract submissions, and other	volunteer contributions:			
How does ASLMS contribute to your earl	y career goals?					



ASLMS 2024 REGISTRATION

All attendees are required to sign the ASLMS Guidelines on Participant Conduct for Educational Activities and Special Events, as well as an Acknowledgement of Personal Responsibility waiver.

To view the full Guidelines, please visit -

https://www.aslms.org/annual-conference-2024/for-attendees/registration/guidelines-on-participant-conduct. This covers, but is not limited to, basic behavior and etiquette for all ASLMS events, as well as information on copyright and content protection, educational materials and handouts, disclosures, discrimination, and harassment, and how your personal information is handled.

To view the Acknowledgement of Personal Responsibility waiver, please visit — https://www.aslms.org/annual-conference-2024/for-attendees/registration/statement-personal-responsibility. This covers, but is not limited to, information regarding health and safety protocols for in-person events, vaccination or negative COVID testing requirements, and masking and social distancing.

I have read and agree to the terms highlighted in the Guidelines on Participant Conduct for Educational Activities and Special Events and the Acknowledgement of Personal Responsibility Waiver.

Yes, I Agree

Documentation Requirements:

- » Student/Resident Undergraduate, graduate, fellow-in-training: verification required. Students must be ASLMS members to receive student rate. *ASLMS membership is free to students*.
- » Press Please contact the ASLMS Office to register in advance. Credentials required.

Reduced Registration Rates:

- » Save up to \$875 Join ASLMS today and receive member pricing!
- » Early Bird Register for the Full Conference on or before March 13, 2024, to receive the best rate. Rates will increase for the period of March 14 April 5, 2024, and again for on-site pricing beginning April 6, 2024.
- » U.S. Government / Military Members Eligible for a 25% discount with valid ID and government/military email address. Please contact ASLMS Office for more details at information@aslms.org

Guest Policy:

» Guest Pass Presentations - Admittance to listen to a significant other's presentation will require a pass which can be obtained at the ASLMS Registration Desk. The Guest Pass provides admittance to the session one time only. Speakers from countries outside the United States are welcome to bring translators to the Annual Conference to assist them with their presentation and discussion/Q&A. A Guest Pass is required for translators.

The Society does not discriminate on the basis of race, color, religion, national origin, age, disability, or sexual orientation in any aspect of its operations, including, but not limited to, the provision of services, membership on the Society's governing board or committees, and attendance at or participation in the Society's programs, grant selection, meetings, and events. NOTE: By providing your mailing address, email address, and telephone number, you consent to receive communications sent by or on behalf of ASLMS via regular mail, email, or telephone.

Privacy Policy - Demographic information collected from the questions on this registration form is used for aggregate reporting purposes. To see the full ASLMS Privacy Policy, please visit: aslms.org/privacy-policy.



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	TIME	MEMBER/ APPLICANT	NON- MEMBER	STUDENT/ RESIDENT MEMBER	TOTAL			
PRE-CONFERENCE - WEDNESDAY, APRIL 10- DOES NOT INCLUDE CONFERENCE OR EXHIBIT HALL								
Fundamentals of Lasers in Clinical Applications On or before 3/13/2024	7:30 AM - 4:30 PM	\$699	\$899	\$399	\$			
Fundamentals of Lasers in Clinical Applications On or before 3/14/2024 - 4/5/2024	7:30 AM - 4:30 PM	\$804	\$1034	\$459	\$			
Fundamentals of Lasers in Clinical Applications After 4/6/2023	7:30 AM - 4:30 PM	\$874	\$1,124	\$499	\$			
FULL CONFERENCE - THURSDAY, APRIL 11 - SUNDAY, APRIL 14 - INCLUDES EXHIBIT HALL (DOES NOT INCLUDE PRE-CONFERENCE)								
Full Conference On or before 3/13/2024	\$949	\$1649	\$349	\$				
Full Conference 3/14/2024 – 4/5/2024	\$1,091	\$1,896	\$401	\$				
Full Conference 4/6/2024 – 4/14/2024		\$1,186	\$2,061	\$436	\$			
ONE DAY - ONLY PERMITS ACCESS FOR THE DAY CHOSEN - EXHIB			·	*				
Select One: ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SU On or Before 3/13/2024	\$475	\$825	\$175	\$				
Select One: ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SUBetween 3/14/2024 and 4/5/2024	\$546	\$948	\$201	\$				
Select One: ☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SU On or After 4/6/2024	\$593	\$1031	\$218	\$				
EXHIBIT HALL ONLY ACCESS - FRIDAY, APRIL 12 AND/OR SATURDAY, APRIL 13 - DOES NOT INCLUDE PRE-CONFERENCE OR CONFERENCE								
One-Day Pass On or Before 3/13/2024 Select One:		\$299 member	\$549 non- mem	ber	\$			
One-Day Pass On or After 3/14/2024 Select One: Friday Saturday \$344 member \$631 non-member					\$			
Two-Day Pass On or Before 3/13/2024	\$599 non-mem	ber	\$					
Two-Day Pass On or After 3/14/2024	ber	\$						
On-site One-Day Pass		\$374 member	\$686 non-mem	ber	\$			
On-Site Two-Day Pass \$436 member \$749 non- member					\$			
CONFERENCE RECORDING ADD-ON (NON-CME)								
Conference Recordings Add-On – Member Price Only Only available with Full Conference attendance. Available t this price only before and during conference.	\$199	N/A	\$199	\$				
ASLMS GALA: ALL THAT GLITTERS IS GOLD Saturday, April 13, 2024 8:00 PM - 11: 00 PM**								
** Purchase your Gala ticket with your registration. Guests must purchase their Gala tickets separately. We are not able to process multiple ticket purchases through one registration. On-site tickets may have limited quantity available.								
Purchased On or before 3/13/2024 ☐ \$175								
Purchased On or before 4/5/2024 ☐ \$200								
Purchased On-site ☐ \$225								
SUBTOTAL								
LESS APPLICABLE DISCOUNT (GOVERNMENT/MILITARY) - SEE FIRST PAGE FOR DETAILS								
TOTAL								
PAYMENT BY CREDIT CARD								
□ PAYMENT BY CHECK □ Visa □ MasterCard □ American Express								
Payment must be made in U.S. dollars only and	Credit Card #	Credit Card #						
drawn on a U.S. bank. Make check payable to ASLMS.	Expiration Date	piration Date Billing Address Zip Code						
Payment Information: Authorized Signature Authorized Signature PO Roy 1501 Green Ray, WI 5/205-1501								

- » Send completed form and payment to American Society for Laser Medicine and Surgery | PO Box 1501 | Green Bay, WI 54305-1501
- » All forms received after March 13, 2024, will be charged the standard fee. Confirmation will be emailed to you.
- » In the event you cancel your registration, a service charge of \$250 will be deducted from your refund. **NO REFUNDS AFTER March 13, 2024.**
- Questions: Contact the ASLMS Central Office at <u>registration@aslms.org</u>, phone 715-845-9283 / 877-258-6028