



ASLMS 2021 CONFERENCE REGISTRATION FORM

First Name (Given) _____ Middle Initial _____

Last Name (Family) _____ Degree (i.e. MD, PhD) _____

Address _____

City _____ State/Region _____ ZIP Code _____ Country _____

Phone _____

Registrant Email* _____ Administrative Email _____ ADA/SPECIAL ASSISTANCE

***Must be a unique email as it will be used as registrant's ID to access to the online educational sessions.**

What is your main reason for attending the ASLMS Conference? CME/CE Credit

Education / Knowledge

Networking/Building Professional Relationships

Product Knowledge/Making A Purchase

Select the category that you BEST fit under: Physician | Scientist/Researcher | Nursing/Allied Health | Industry

Identify the category that best describes you: I am a Physician (MD, DO or international equivalent)

I am a Registered Nurse (BSN, RN, LPN, etc.)

I am neither a physician or nurse (PhD, PA, DC, esthetician, other allied health, etc.)

Primary Area of Interest _____

Check all that apply: ASLMS Member | Non-Member | Student/Resident/Fellow | Press

Are you a member of the ASLMS collaborating society, Society for Thermal Medicine (STM): Yes | No

Are you a first time ASLMS Conference attendee? Yes | No

For the Conference, how would you like to hear from our sponsors and/or exhibitors? Check all that apply.

Mail

Email

I do not wish to be contacted. Please remove me from sponsor and/or exhibitor contact lists for the Conference.

In the virtual format, attendees have the option to take part in the SmartMatch Program, designed to maximize networking capabilities. This includes networking and message options with Industry. Would you like to participate? Yes | No

If yes, please answer the following questions to assist us in the matching process:

I would like to connect with companies who specialize in products in the following areas: (choose up to 3):

Fat Reduction | Skin Tightening | Laser Safety | Women's Health | Body Contouring |

Scars and Scar Treatment | Laser-Assisted Drug Delivery | Vascular Lesions | Skin of Color |

Injectables | Photobiomodulation | Research

Do you have the ability to make decisions regarding purchases? Yes | No

Do you have plans to make a purchase this year? Yes | No

Do you have a budget in mind for your purchase? Yes | No

If yes: Less than \$25,000 | \$25,000 - \$50,000 | \$50,000 - \$75,000

\$75,000 - \$100,000 | More than \$100,000 | None

Thank you to our Registration Sponsor:

CYNOSURE® BEAUTIFUL ENERGY

ASLMS 2021 CONFERENCE REGISTRATION FORM

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: Please note that upon entering the Attendee Service Center (ASC) all attendees will be required to sign the ASLMS Guidelines on Participant Conduct for Educational Activities and Special Events. To view the full Guidelines, including the ASLMS Privacy Policy, please [click here](#).

Reduced Registration Rates:

- » Join ASLMS today and receive member pricing!
- » **Multiple Registrant Discount** - 3-9 registrants deduct 20%, 10+ registrants deduct 25%. All registration forms must be completed and submitted at the same time. Name of affiliation: _____
- » **U.S. Government / Military Members** – Eligible for a 25% discount with valid ID and government/military email address. Please contact ASLMS Office for more information.

Documentation Requirements:

- » **Student/Resident** - Undergraduate, graduate, fellow-in-training: Verification required.
- » **Press** - Please contact the ASLMS Office to register in advance. Credentials will be required.

ASLMS Virtual Conference Registration Fees		
Attendee Type	Price	Selection
Member	\$499.00	<input type="checkbox"/>
Non-Member	\$699.00	<input type="checkbox"/>
Student / Resident / Fellow Member	\$99.00	<input type="checkbox"/>

NOTE: Due to the shift to virtual and a change in scheduling, and as an added benefit to our Nursing/Allied Health attendees, the Nursing/Allied Health Course will be offered virtually, **June 19, 2021, from 9:00am -1:30pm CST**, and will be offered at no additional cost to qualified Nursing/Allied Health attendees. If you are a Nursing/Allied Health attendee, would you also like to attend this session? Yes | No

Registration Fee Includes:

- » Your registration for the ASLMS Virtual Conference includes 2 days of semi-live educational activities, as well as access to our On Demand educational sessions, which will remain open for viewing through July 15, 2021.

Payment Information:

- » Send completed form and payment to: American Society for Laser Medicine and Surgery | 2100 Stewart Avenue, Suite 240 | Wausau, WI 54401
- » Confirmation will be emailed to you.
- » In the event of cancellation, a service charge of \$125 will be deducted from your refund. **NO REFUNDS AFTER MAY 12, 2021.**

» Questions: Contact the ASLMS Central Office at registration@aslms.org, phone 715-845-9283 / 877-258-6028, or fax 715-848-2493.

Total Due: \$ _____ <input type="checkbox"/> PAYMENT BY CHECK Payment must be made in U.S. dollars only and drawn on a U.S. bank. Make check payable to ASLMS.	Total Due: \$ _____ PAYMENT BY CREDIT CARD <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Credit Card # _____ Expiration Date _____ Security Code _____ Billing Address Zip Code _____ Authorized Signature _____
--	---

Thank you to our Registration Sponsor: