



REGISTRATION FORM

Any course materials obtained will be distributed to you as electronic links/PDFs via email.

Email the completed registration form to information@aslms.org or you can mail the completed form to ASLMS, 100 N. 72nd Ave., Wausau, WI 54401.

Registrant Information

NAME _____ POSITION/TITLE _____

DISCIPLINE OF REGISTRANT

- Physician (MD, DO, MBBS or equivalent) Other: _____
 Nurse (NP, RN, LPN) Student/Resident/Fellow
 Scientist (PhD) Business Owner/Manager
 Physician Assistant

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE/PROVINCE/REGION _____ POSTAL/ZIP CODE _____ COUNTRY _____

PHONE _____ EMAIL _____

DO YOU HAVE ANY ACCOMMODATION REQUESTS (SUCH AS DISABILITY OR FOOD ALLERGIES)?

- No Yes: Provide details _____

WHAT IS YOUR PRIMARY ROLE IN PURCHASING DECISIONS FOR YOUR ORGANIZATION? Allocate budget | Provide information to others in the organization | Specify product requirements | Recommend solutions | Make the final decision | I am not involved in purchasing decision for my organization

HOW DID YOU HEAR ABOUT THIS COURSE?

- Advertisement Word-of-mouth Website Direct Mail Other: _____
 Email News Article Social Media Journal

Course & Payment Information

REGISTRATION FEE (Select One)

- \$949 ASLMS Member
 \$1,400 Non-Member

FOOD & BEVERAGE

Lunch will be provided on Saturday.

TRAVEL & HOTEL

Attendees are responsible for their own transportation.

Chicago Cosmetic Surgery and Dermatology (Suite 900)
515 North State Street,
Chicago, IL 60654

Education will be held at The Point
Conference Room – Second Floor

PAYMENT TYPE (USD)

- Check or Money Order (Made out to ASLMS and mailed to PO Box 1501, Green Bay, WI 54305-1501)
 Visa
 MasterCard
 American Express

Card Number: _____

Expiration Date (mm/yyyy): _____

Signature: _____ Date: _____

- I authorize ASLMS to charge the registration fee (USD) to my credit card and acknowledge that a service fee of \$200 will be assessed for processing refunds through November 7, 2024. To request a refund, email information@aslms.org. **No refunds after November 8, 2024.** Tickets are non-transferable.

ASLMS emphasizes the significance of contacts to our industry partners. Your connections can lead to valuable collaborations and opportunities. How can the sponsors of this event contact you?

- Email Phone I do not wish to be contacted.

Not a member of ASLMS?

Non-members who submit a membership application at the time of registration qualify for the member fee. [Join Today!](#) Once you have submitted your application, please email us at information@aslms.org with any questions.