



## REGISTRATION FORM

Any course materials obtained will be available to registrants through the ASLMS Online Learning Center. Materials can be printed upon request.

Please email the completed form to [registration@aslms.org](mailto:registration@aslms.org).

NAME		PLACE OF EMPLOYMENT	
POSITION/TITLE			
WHAT IS YOUR AREA OF INTEREST? (e.g., Laser Safety, Dermatology)			
ADDRESS			
CITY	STATE/PROVINCE/REGION	POSTAL/ZIP CODE	COUNTRY
PHONE	EMAIL		

### PROFESSIONAL ROLE:

- |                                                                 |                                                  |
|-----------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Physician (MD, DO, MBBS or equivalent) | <input type="checkbox"/> Student/Resident/Fellow |
| <input type="checkbox"/> Nurse (NP, RN, LPN)                    | <input type="checkbox"/> Business Owner/Manager  |
| <input type="checkbox"/> Scientist (PhD)                        | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Physician Assistant                    |                                                  |

I REQUEST A PRINTED VERSION OF THE COURSE MATERIALS. ☐ Yes ☐ No

HAVE YOU ATTENDED THIS EVENT PREVIOUSLY? ☐ Yes ☐ No IF YES, WHAT YEAR? \_\_\_\_\_

I WANT TO RECEIVE TEXT (SMS) MESSAGES FROM ASLMS: ☐ Yes ☐ No MOBILE NUMBER: \_\_\_\_\_

DO YOU HAVE ANY ACCOMMODATION REQUESTS (SUCH AS DISABILITY OR FOOD ALLERGIES)? ☐ Yes ☐ No

IF 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 the purchasing decision for my organization

WHAT IS THE ANNUAL BUDGET FOR PURCHASES FOR YOUR ORGANIZATION? ☐ \$10,000 or less | ☐ \$10,001 - \$50,000 | ☐ \$50,001 - \$100,000 | ☐ \$100,001 - \$250,000 |

☐ \$250,001 - \$500,000 | ☐ \$500,001 - \$750,000 | ☐ \$750,001 - \$999,999 | ☐ \$1 Million+ | ☐ I don't know

HOW DID YOU HEAR ABOUT THIS COURSE? ☐ Advertisement ☐ Word-of-mouth ☐ Email ☐ Website ☐ Social Media ☐ ASLMS Newsletter

☐ Previously attended LAC ☐ Other: \_\_\_\_\_

### Course & Payment Information

#### REGISTRATION FEE (Select One)

- ☐ \$899 ASLMS Member  
☐ \$1,325 Non-Member  
☐ \$699 Student (membership required)

#### FOOD & BEVERAGE

Breakfast, lunch, and snacks will be provided on Saturday.

#### TRAVEL & HOTEL

Attendees are responsible for their own hotel accommodations and transportation for this event.



1244 Boylston Street  
Chestnut Hill, MA 02467

### PAYMENT TYPE (USD)

- ☐ Check or Money Order (Made out to ASLMS and mailed to PO Box 1501, Green Bay, WI 54305-1501)  
☐ Visa  
☐ MasterCard  
☐ Discover  
☐ 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 6, 2025. To request a refund, email [information@aslms.org](mailto:information@aslms.org). No refunds on or after November 7, 2025. Tickets are non-transferable.

ASLMS emphasizes the significance of contacts with our industry partners. Your connections can lead to valuable collaborations and opportunities. Do you consent to ASLMS sharing your email address with the sponsors of LAC? ☐ Yes ☐ No

### 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](mailto:information@aslms.org) with any questions.