

Industry Observer Registration Category The Aesthetic Society

Who Qualifies: Individuals from companies looking to enter the aesthetic space and/or from investment/analyst firms with an interest in aesthetics.

Fees: (1) Day: \$1,500, (2) Days: \$3,000, (3) Days: \$3,500

Fees are per person/per company / limited to two meetings for company representatives. Unlimited for representatives from investment/analyst firms. **Cancellation Policy:** Refund provided less 10% administrative fee. No Show onsite, no refund.

*Requirement: Submission of a completed registration form (per person/per company) accompanied by a letter verifying position/role within a company/investment firm on company letterhead.

What is included in the fee: Access to The Aesthetic Marketplace (exhibits), Scientific Sessions and courses (with the exception of those requiring an extra fee), and Presidential Welcome Reception. For company representatives, you have the option to earn one booth point per Industry Observer badge to be used toward future meeting exhibit booth placement.

Small Print: The Aesthetic Society reserves the right to restrict attendance to our meetings. All requests to register as an Industry Observer is subject to an internal review and approval process.

Approval Process: All applicants for Industry Observer registration category will be subject to review. Confirmation of meeting registration will be provided within 14 days.

First Name:	Last Name:		
Company Name:			
Badge Name (if different from above):		
Street Address:			
City:	State:		
Zip/Postal Code:	Country:		
Phone:	Fax:		
Email:			
meeting Audio Visuo	n Disabilities Act, you require specific aids or devices to fully participate	in this	
ACH Payments - (must include re transaction receipt: erika@theaes	ference: INDUSTRY OBSERVER in payment description). Email completed theticsociety.org	l Bank ACI	
	Account Name: The American Society for Aesthetic Plastic Surgery, Inc Account Number: 916017114		
	cks must be made out in US Dollars and made payable to The Aesthetic sthetic Society, 11262 Monarch Street, Garden Grove, CA 92841	Society.	
☐ Credit Card Please charge th	e full amount to:	SS	
Credit Card #	Expiration Date: CVV:		
Name of Cardholder:	Billing Zip Code:	Billing Zip Code:	