



AMERICAN COUNCIL OF ACADEMIC PLASTIC SURGEONS

American Council for Academic Plastic Surgeons ACAPS Meetings/Sessions at Plastic Surgery 2018

September 28-29, 2018

REGISTRATION FORM



Please Print Clearly:

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

NOTE: To register for PS2018, please visit www.plasticsurgery.org. Registering for meetings on this form **DOES NOT** register you for PS2018.

Register
On or Before
9/29/2018

A. Active & Senior Member

ACAPS Fall Interim Business Meeting
Saturday, September 29, 11:30 am - 2:00 pm

No Fee

ACAPS Program Director Mentoring Session:
"Mentorship in Research"
Saturday, September 29, 2:00 - 4:00 pm

No Fee

B. Associate Member

ACAPS Administrator's Symposium
September 28 - 29, 2018

\$375.00

ACAPS Fall Interim Business Meeting
Saturday, September 29, 11:30 am - 2:00 pm

No Fee

ACAPS Program Director Mentoring Session
"Mentorship in Research"
Saturday, September 29, 2:00 - 4:00 pm

No Fee

C. Non-Member

ACAPS Administrator's Symposium
September 28 - 29, 2018

\$500.00

ACAPS Fall Interim Business Meeting
Saturday, September 29, 11:30 am - 2:00 pm

No Fee

ACAPS Program Director Mentoring Session:
"Mentorship in Research"
Saturday, September 29, 2:00 - 4:00 pm

No Fee

Grand Total Enclosed \$ _____

Please make checks (in U.S. funds) payable to:
ACAPS
500 Cummings Center,
Suite 4400
Beverly, Massachusetts
01915
Phone: 978-927-8330
Fax: 978-524-0461

All requests for cancellations must be received in writing. If a cancellation is received at the Association's Administrative Office prior to August 28, 2018, the registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after August 28th will be assessed on a case by case basis.

I would like to pay by check (enclosed).

Please charge my registration fees to the following credit card:



Name As It Appears on Credit Card: _____

Billing Address of Card Holder: Same as Above or _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ Expiration Date: _____ / _____

Security Code: _____ (See card images below) Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on the front or back of your credit card.

Signature: _____

