



American Council of Academic Plastic Surgeons

5th Annual Winter Retreat

February 10-11, 2018 ♦ DoubleTree by Hilton Chicago O'Hare Airport ♦ Rosemont, IL

3 EASY WAYS TO REGISTER!

- **Online:** Visit www.acaplasticsurgeons.org
- **Fax:** 978-524-0461
- **Mail:** 500 Cummings Center, Suite 4400 - Beverly, MA 01915

PLEASE PRINT OR TYPE

EARLY BIRD REGISTRATION DEADLINE: January 12, 2018

NAME: _____

INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP: _____ COUNTRY: _____

PHONE: _____ FAX: _____ Email: _____

REGISTRATION FEES

		<i>After 01/12/18</i>	<i>Total</i>
A. _____	Active Member	\$250	\$ _____
B. _____	Associate Member	\$250	\$ _____
C. _____	Non-Member	\$300	\$ _____
D. _____	Resident/Fellow	\$125	

TOTAL AMOUNT DUE:

\$ _____

METHOD OF PAYMENT

Fees payable via MasterCard, Visa, American Express or check drawn on a US bank

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 Check Enclosed
Checks payable to ACAPS



Security Code: _____ 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. (See card images above)

CREDIT CARD NUMBER: _____ **EXPIRATION DATE:** ____ / ____

BILLING ADDRESS _____

(If not the same as address listed above)

SIGNATURE: _____

I authorize ACAPS to charge my credit card the above fees.

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 written request of cancellation is received at the Association's Administrative Office on or before Friday, January 12, 2018, the registration fee, less a \$25.⁰⁰ administrative fee, will be refunded after the meeting. Refund requests received after January 12, 2018 will not be honored.