



AMERICAN COUNCIL OF ACADEMIC PLASTIC SURGEONS

# American Council for Academic Plastic Surgeons ACAPS Administrators Symposium

September 20-21, 2019

**REGISTRATION FORM**



Please Print Clearly:

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOTE:** To register for Plastic Surgery the Meeting 2019, please visit [www.plasticsurgery.org](http://www.plasticsurgery.org). Registering for meetings on this form **DOES NOT** register you for PSTM2019.

Register  
On or Before  
9/20/2019

### A. Active, Associate, & Senior Members

<input type="checkbox"/> <b>ACAPS Administrator's Symposium</b> September 28 - 29, 2018	\$375.00
--	----------

### B. Non-Member

<input type="checkbox"/> <b>ACAPS Administrator's Symposium</b> September 28 - 29, 2018	\$500.00
--	----------

<b>Grand Total Enclosed</b>	<b>\$ _____</b>
-----------------------------	-----------------

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 20, 2019, the registration fee, less a \$50.00 administrative fee, will be refunded after the meeting. Refund requests received after August 20<sup>th</sup> 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: \_\_\_\_\_

