



Behind the Syringe Beauty of Injectables

A Virtual Symposium

October 3rd, 2025

First Name:

Last Name:

Cred:

Street Address:

City:

State:

ZIP/Postal:

Country:

Phone:

Mobile:

Email:

For your convenience, plastic surgeons may register online at:
meetings.theaestheticsociety.org/injectables/
All others must submit this form with documentation as requested.

Aesthetic Society Active & International Active Member

\$250

\$_____

Aesthetic Society Associate & International Associate Member

Must be a current enrollee in the Associate Program

\$250

\$_____

Guest Plastic Surgeon

Must be a surgeon certified by or board eligible for The American Board of Plastic Surgery

\$350

\$_____

Guest Physician

Must be a member of the American Academy of Facial & Plastic Reconstructive Surgery, American Society for Dermatologic Surgery, or American Society of Ophthalmic Plastic & Reconstructive Surgery

\$350

\$_____

☐ AAFPRS ☐ ASDS ☐ ASOPRS

AlliedPro Members

\$250

\$_____

Injector

Must be practicing within your legal scope of practice

\$350

\$_____

AmSpa Member

☐ NP/APRN ☐ RN ☐ Physician ☐ Medical Director ☐ PA

\$299

\$_____

Resident / Fellow

Must be enrolled in The Aesthetic Society's Resident Program. International Residents must provide verification from your plastic surgery program director

\$0

\$_____

Industry Observer

Must provide letter of verification of employment on company letterhead

\$350

\$_____

Total:

\$_____

ATTENDANCE AGREEMENT

By registering for Behind the Syringe, I agree to the following:

- Disclose Relevant Commercial/Financial Relationships - I will disclose my relationships prior to asking questions in any educational session.
- No Friends and Family. I will not allow any individual to participate in my place.
- No Photographs. I will not photograph, record, or take any screen captures of the presentations.
- PHI Confidentiality. I will hold in strictest confidence any protected health information revealed.

☐ **Required for attendance:** By checking this box, I certify that I have read and I accept this Attendance Agreement.

PAYMENT: ☐ MasterCard ☐ Visa ☐ American Express ☐ Check Payable to: **The Aesthetic Society** (US Funds ONLY) is enclosed

Account #: _____ Exp. Date: _____ Code: _____

Cardholder Name: _____ Signature: _____

SEND TO:

The Aesthetic Society • 11262 Monarch St, Garden Grove, CA 92841, USA • Fax: 562.799.1098 • Phone: 562.799.2356 • registrar@theaestheticsociety.org

PLEASE ALLOW 10 BUSINESS DAYS FOR AN EMAIL ACKNOWLEDGEMENT

Refunds not considered unless a written request is emailed to registrar@theaestheticsociety.org by September 26, 2025, or mailed to The Aesthetic Society and postmarked by September 26, 2025. Refunds made on or before September 26, 2025, will be subject to a 15% administrative fee. No refunds after September 26, 2025.