



AMERICAN SOCIETY OF
PLASTIC SURGEONS®

What Does \$100 Buy?

ASPS offers Plastic Surgery residents and fellows outstanding resources, unparalleled support and comprehensive access to all that the society has to offer. Free registration to annual meeting, subscriptions to the “white” journal, PSN, and the Job Opportunity Board are just a sampling of the benefits available to subscribers to the ASPS Residents and Fellows Forum.

Membership in the Forum is open to:

- Residents actively engaged in an accredited plastic surgery residency program in the U.S. or Canada
- Fellows actively engaged in an ACGME accredited or private fellowship in the U.S. or Canada

ASPS Residents and Fellows Forum Benefits:

- Subscription to *Plastic and Reconstructive Surgery*®
- **Free admission** to the ASPS annual scientific meeting, plus one (1) free IC course and the Resident's Day program specifically for Residents including:
 - Access to Breakfast with Champions mentoring event
 - Networking lunch with young plastic surgeons
 - Resident Coordinator Program
- Subscription to *Plastic Surgery News*®
- Access to the Members only online resources including **Residents and Young Plastic Surgeons Resources**
- Dedicated Resident section on the Members Only message board
- Access to the ASPS **Job Opportunity Board** and on-site interviews
- Access to information on PSF grants and scholarship programs
- Significant discounts on ASPS products and meetings

All this...for only \$100

Over ►

APPLICATION

ASPS Residents and Fellows Forum

Please allow 1 month for subscription to begin.

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ CELL PHONE _____ EMAIL _____

Gender (optional): Male Female

Residents

Training Program Name: _____

Program Director: _____

Program Phone: _____

MONTH/YEAR BEGAN TRAINING _____ MONTH/YEAR RESIDENCY ENDS _____

To be signed by your Training Program Director:

I certify that the above-named resident is enrolled in an ACGME accredited plastic surgery training program during the indicated time frame.

SIGNATURE – TRAINING PROGRAM DIRECTOR _____ DATE _____

Fellows

Fellowship Program Name: _____

Fellowship Director: _____

Phone: _____

MONTH/YEAR FELLOWSHIP BEGAN _____ MONTH/YEAR FELLOWSHIP ENDS _____

Type of Fellowship: ACGME Accredited Private

Fellowship Specialty: Hand Cranio Maxillofacial Burn Aesthetic Micro

To be signed by your Fellowship Director:

I certify that the above-named fellow is enrolled in an ACGME or private fellowship during the indicated time frame.

SIGNATURE – FELLOWSHIP DIRECTOR _____ DATE _____

Cost: \$100 **Method of Payment:** Check (payable to ASPS) Money Order Visa® MasterCard® AMEX®

NAME OF CARDHOLDER _____ ACCOUNT NUMBER _____

AUTHORIZED SIGNATURE _____ EXPIRATION DATE _____ SECURITY CODE _____

My residency/fellowship will end in _____ months. I have enclosed a payment of \$ _____ at \$10 a month

Return to: ASPS Member Services, 444 East Algonquin Road, Arlington Heights, IL 60005-4664

If paying by credit card, you may email to memserv@plasticsurgery.org or fax 847-228-7099.