

Space is limited. Register early to ensure seating availability.

To register additional attendees, please copy this form.

**PlasticSurgery.org/Coding**

**WORKSHOP LOCATION**

**Chicago, IL** | July 14-15 (Saturday/Sunday)  
 The Palmer House Hotel  
 17 East Monroe Street, Chicago, IL 60603

REGISTRANT (Please print) \_\_\_\_\_

REGISTRANT'S EMAIL-REQUIRED  
 (Registration will not be processed without valid email address)\*

PHYSICIAN'S NAME \_\_\_\_\_


ASPS ID# \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

Check here if address above is new.

 If, under the Americans with Disabilities Act (ADA), you require specific aids, devices, or other accommodations to fully participate in this meeting, specify:

Audio       Visual

Other \_\_\_\_\_

Please check if you require a special meal.

Vegetarian       Kosher\*\*  
 \*\*May require an additional fee

Allergy \_\_\_\_\_

Other \_\_\_\_\_

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**FAX FORM TO: 847.228.7099**

or mail:

ASPS Attn: Finance Department  
 444 E. Algonquin Rd.  
 Arlington Heights, IL 60005

	On or Before June 15	June 16 - July 12	Onsite*	
Member/Office Staff of Member/Inactive Life Member	\$790	\$815	\$865	\$ _____
Guest Physician/Office Staff of Guest Physician	\$1000	\$1025	\$1075	\$ _____
Resident/Active Life Member	\$355	\$380	\$430	\$ _____
			<b>TOTAL \$</b>	_____

**PAYMENT**

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Check made payable to ASPS (US funds)

Visa®

MasterCard®

AMEX®

\*Additional \$50 registration fee when you register onsite at the workshop.