

CARDHOLDER NAME

# REGISTRATION FORM



The ONLY live virtual ASPS Coding Workshop in 2021.

PlasticSurgery.org/Coding-Workshop

■ AMEX®

| To register additional attendees, please copy this form.   |                         |                       | rastic surgery.org/Coding-workshop |   |
|--|-------------------------|-----------------------|------------------------------------|---|
| ALL VIRTUAL   Fe   | ebruary                 | 27, 2021              | (Saturday                          | )   |
| REGISTRANT (Please print)  |                         |                       |                                    |   |
|  |                         |                       |                                    |   |
| REGISTRANT'S EMAIL-REQUIRED<br>(Registration will not be processed without valid email address)*                             |                         |                       |                                    |   |
| PHYSICIAN'S NAME   |                         |                       |                                    |   |
| ASPS ID#   |                         |                       |                                    |   |
| OFFICE ADDRESS   |                         |                       | CC                                 | ditional attendees, please ppy this form. |
| SHIP TO ADDRESS FOR CODING WORKBOOK  |                         |                       | FAX FORM                           | 1 TO: 847.228.7099<br>or mail:            |
|  |                         |                       |                                    | S Finance Dept                            |
| CITY STATE   | ZIP                     |                       |                                    | O Box 4008<br>eam, IL 60122-4008          |
| TELEPHONE FAX  |                         |                       |                                    |   |
| ☐ Check here if address above is new.  |                         |                       |                                    |   |
| CODING WORKSHOP & ADVANCED CODING ONLINE MODULES   | On or Before<br>1/15/21 | 1/16/21-2/5/21        | After 2/5/21                       |   |
| Member¹ (ASPS/ASPSP) / Office Staff of Member / Affiliate Member   | r \$899                 | \$925                 | \$975                              | \$  |
| Guest Physician/Office Staff of Guest Physician  | \$1,099                 | \$1,125               | \$1,175                            | \$  |
| Resident/Active Life Member  | \$750                   | \$775                 | \$825                              | \$  |
| *Faculty and program subject to change without notice  |                         |                       |                                    | TOTAL \$                                  |
| <sup>1</sup> Includes ASPS/ASPSP Active Members, Candidates for Membership, Inter<br>Understanding and Life Inactive Members | rnational Member        | rs, International Can | didates for Members                | hip, Memorandum of                        |
|  |                         |                       |                                    |   |
| PAYMENT  |                         |                       |                                    | ☐ Check made payable                      |
|  |                         |                       |                                    | to ASPS (US funds)                        |
| ACCOUNT NUMBER   | E                       | EXPIRATION DATE       |                                    | □ Visa <sup>®</sup>                       |
|  |                         |                       | 1                                  | ■ MasterCard®                             |

SIGNATURE



# 202

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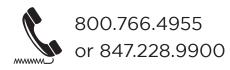
## FOUR WAYS TO REGISTER



PlasticSurgery.org/Coding-Workshop



847.228.7099





ASPS Finance Dept PO Box 4008 Carol Stream, IL 60122-4008

All cancellations must be received in writing to be considered for refund. Cancellations on or before January 11, 2021, will receive a 100% refund. Cancellations between January 12, 2021, and January 29, 2021, will receive a 50% refund. No refunds will be issued for cancellations after January 29, 2021, or if any Advanced Coding eLearning Modules have been opened.

All refunds are subject to a \$25 processing fee.

Notice of cancellation should be sent to:

### **ASPS**

PO Box 4008 Carol Stream, IL 60122-4008 Fax: (847) 228-7099 registration@plasticsurgery.org

ASPS has sole discretion and reserves the right to refuse registration and/or limit participation in its activities.

For any special needs pertaining to this virtual event, please contact alopatin@plasticsurgery.org or registration@plasticsurgery.org.