

# REGISTRATION FORM

**oral board**  
PREPARATION COURSE

**August 7-8, 2021  
August 14-15, 2021  
September 18, 2021\***

**FAX TO: (847) 228-7099**  
Phone: (800) 766-4955

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

*Email required (registration will not be processed without a valid email address)*

## Course Registration

	On or before June 18, 2021	June 19–July 9	After July 9	
ASPS Member/Resident	\$1,375	\$1,425	\$1,550	\$ _____
Guest Physician	\$1,675	\$1,725	\$1,850	\$ _____

## Optional Add-On

*Oral Exam Simulation	\$150*	\$150*	N/A	Call to reserve and pay \$ _____
-----------------------	--------	--------	-----	--

*Limited spots available. Please call or go online to reserve the specific time-slot for your session by July 30. Simulation session fees are non-refundable.*

TOTAL \$ \_\_\_\_\_

## Payment

- Check made payable to ASPS (US funds) is enclosed  
 Credit Card authorization is as follows  Visa  Master Card  American Express

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

American Society of Plastic Surgeons  
444 E. Algonquin Rd., Arlington Heights, IL 60005  
Member Services: 800-766-4955

DIRECTLY PROVIDED BY:



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

# oral board

PREPARATION COURSE

**2021 REGISTRATION FORM**

DIRECTLY PROVIDED BY:



AMERICAN SOCIETY OF  
PLASTIC SURGEONS®

**August 7-8, 2021 | August 14-15, 2021 | September 18, 2021\***

---

## FOUR WAYS TO REGISTER

---



PlasticSurgery.org/BoardPrep



847.228.7099



800.766.4955  
or 847.228.9900



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 June 18, 2021, will receive a 100% refund. Cancellations on or before July 9, 2021, will receive a 50% refund. No refunds will be issued for cancellations after July 9, 2021, or for those who are impacted by Internet interruptions or who fail to attend. Simulation session fees are non-refundable. All refunds are subject to a \$25 processing fee.

### **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.*