

## REGISTRATION

Chairman: Michael Salzhauer, MD, FACS  
Course Fee: \$395  
Course Date: Sunday, April 23, 2017  
Time: 10:00am - 3:30pm  
Course Location: Hilton Newark Airport Hotel  
1170 Spring Street, Elizabeth, NJ 07201  
(908) 351-3900 (for reservations)  
Email: info@cosmeticphysicians.org  
Fax: 520-545-1254  
Phone: 520-574-1050

## PARTICIPANT INFORMATION

First Name\*

-----  
Last Name\*

-----  
Specialty\*

-----  
Practice Name\*

-----  
Address\*

-----  
City\* State\* Zip\*

-----  
Office Number\*

-----  
Cell Number\*

-----  
Email\*

-----  
How Did You Hear About Us

## ADMISSION FEE \$395.00

Credit Card Number\*

-----  
Expiration Date\* VCODE\* Billing Zip Code

-----  
Name on Card\*

-----  
Signature\*

-----  
By signing, you hereby acknowledge and give consent for the credit card listed to be charged the denoted amount

*I will be paying by check:*  YES  NO

*\*\*Make check payable to: ASOCP and mail to: 8040 S Kolb Road, Tucson, AZ 85756. Completed registration form must accompany check.*

*Cancellation Policy: Registration is 90% refundable only if a written cancellation is received 2 weeks prior to the scheduled workshop.  
NO REFUND will be given after this date for any reason*

Please email completed form to info@cosmeticphysicians.org or fax to (520) 545-1254 or simply call to register (520) 574-1050

\*denotes required field