

Registration form Preceptorship

Personal Information

AAAMS ID Number (if applicable) _____

GENERAL INFORMATION (please print clearly)

MD DO PhD RN PA Other (specify) _____

Name (include Titles)

Company/Organization Name

Office Address

City/Zip/State/ Country (other than USA)

Office Phone _____ Fax _____ E-mail _____

Specialty _____

If you are a physician please enclose a copy of your medical licensure and answer the following questions:

Degrees/Medical School:

Year Graduated _____ Postgraduate Specialty Training: _____

If you are a Health Allied Professional please enclose a copy of your medical licensure and answer the following questions:

Degrees/ School:

Year Graduated _____

How did hear about AAAMS?

- Colleague AAAMS Web Fax Mail
 Google Other

Cancellation Policy

Cancellation requests must be sent in writing 3 weeks prior to the date of course to:

AAAMS
9478 W. Olympic Blvd #301, Beverly Hills, California 90212
310-274-9955 Fax: 310-858-4400

Requests received on time will receive a full refund less \$75.00 administrative fees. Refunds will be processed one month following the close of the preceptorship course.

I would like to register for one of the followings:

BASIC:

Mesotherapy on this date: _____ \$ _____

Botox & Dermal Fillers on this date: _____ \$ _____

ADVANCED:

Face & Neck Lifts on this date: _____ \$ _____

Buttocks Lift on this date: _____ \$ _____

Liposculpting & Smart Lipo on this date: _____ \$ _____

Fat Grafting on this date: _____ \$ _____

BASIC and ADVANCED:

ALL THE ABOVE MODALITIES on this date: _____ \$ _____

Please choose one the following payments

I have enclosed a check in the amount of \$ _____
(please make payable to: American Association of Aesthetic Medicine & Surgery)

I hereby authorize AAAMS to charge the below card in the amount of \$ _____

Master Card

Visa

Discover

American Express

Account number

Exp date

Credit card billing address (Required)

Name as it appears on card

CVV2 Code _____ (3-4 digits on the back of the card)

Name:

Signature:

Date:

□**Copy of Medical Licensure enclosed**

Please fax or mail this completed registration form with all required documents to:

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310-274-9955 Fax: 310-858-4400

Courses are subject to cancellation; AAAMS will refund the registration fees in full, but is not responsible for any travel or accommodations costs incurred due to such cancellation.

Registration confirmation will be send to you by fax or e-mail.