



**American Society of Maxillofacial Surgeons Registration Form**  
**Winter Basic Course | January 25-27, 2019**  
**University of Miami, Miami, Florida**  
*Early Bird Deadline: Friday, January 4, 2019*

For security reasons, badges will be required for all ASMS events. Pre-registered attendees may pick-up their badges at the ASMS Registration Desk on Friday morning, January 25, 2019.

Please Print or Type \*Indicates Required Field

Name\* \_\_\_\_\_

Institution \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_ ZIP\* \_\_\_\_\_

Country\* \_\_\_\_\_

Phone\* (Daytime) \_\_\_\_\_

Fax\* \_\_\_\_\_

Email\* \_\_\_\_\_



Please contact me regarding special needs.

**CANCELATION POLICY:**

All requests for cancellations must be received in writing. If a written request of cancellation is received at the Society's Administrative Office prior to January 4, 2019, the registration fee, less a \$50.00 administrative fee, will be refunded by check after the meeting. Refund requests received after that date will not be honored. Fees cannot be reduced for partial attendance. Please address all written requests to:

Maxillofacial Surgeons Foundation  
 Registration Department  
 500 Cummings Center, Suite 4400  
 Beverly, MA 01915  
 PHONE: 978-927-8330  
 FAX: 978-524-0461

**REGISTRATION FEES:**

	Registrant Type	Early Bird Deadline: 01/04/2019	Regular Fee	Total
_____	Medical Student	\$100	\$150	\$_____
_____	Plastic Surgery Resident/Fellow	\$395	\$450	\$_____
_____	ASMS Member	\$750	\$800	\$_____
_____	Guest Physician	\$1000	\$1050	\$_____
_____	Book with Registration*	\$125	\$125	\$_____

**TOTAL FEES**

**\$ \_\_\_\_\_**

**PAYMENT INFORMATION:**

Fees are payable via VISA, MasterCard, American Express, check, or money order. Please indicate your payment method below.



CHECK\* (enclosed)  MONEY ORDER (enclosed)

\* Please make all checks payable to the Maxillofacial Surgeons Foundation

Amount Authorized: \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_ (See card images below.)

Your credit card's security code is a 3- or 4-digit number located on the front or back of your credit card.



Full Billing Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Signature: