



# Peeling Around the World

IPS Global Education Day Session, February 28, 2019, 2 – 6 p.m.

Walter E. Washington Convention Center, Room 146A

preceding the Annual Meeting in Washington, D.C.

Register online at <https://tinyurl.com/IPSGlobal2019>

Please complete a separate form for each attendee and return it with your full payment to the address indicated. Participation will be confirmed on a first-come, first-served basis, upon payment confirmation and space availability.

Attendee Name \_\_\_\_\_

Practice / Institution Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State / Region \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone (country code, area code, number) \_\_\_\_\_ Mobile (country code, area code, number) \_\_\_\_\_

Email (Confirmation sent here, so MUST be the attendee's email inbox) \_\_\_\_\_ Fax (country code, area code, number) \_\_\_\_\_

## Registrant Information

Badge Name/Nickname \_\_\_\_\_



ADA/SPECIAL ASSISTANCE

Specialty (Please check one):

- Dermatology
- Plastic Surgery
- Facial Plastic Surgery
- Ophthalmic
- Other \_\_\_\_\_

How did you hear about this meeting?

- Attended previously
- IPS website
- Postcard
- Email
- Colleague
- AAD website
- Ad
- Other: \_\_\_\_\_

Tuition / Fees	On or Before Jan. 28, 2019	After Jan. 28, 2019 or On-site
<input type="checkbox"/> <b>IPS Member</b>	\$175	\$275
<input type="checkbox"/> <b>Non-member Physician</b>	\$400	\$475
<input type="checkbox"/> <b>Resident / Medical Student / Fellow-in-Training</b> Letter from your Program Director or Medical School Dean must accompany your registration.	\$50	\$100
<b>Please write total (U.S. Dollars):</b>		

*Join the International Peeling Society today for only \$100 and enjoy member savings and benefits!*

*Go to <http://www.peelingsociety.com/membership>*

## Payment Information (U.S. dollars only)

Full payment must accompany registration. Refunds, less a \$75 administrative fee, will be allowed for cancellations received in writing **on or before Feb. 8, 2019**. After that date, no refunds will be permitted.

<p><b>CREDIT CARDS</b> FAX completed form to: (00) 1-847-956-0999</p> <p><input type="checkbox"/> Visa    <input type="checkbox"/> MasterCard    <input type="checkbox"/> American Express    <input type="checkbox"/> Discover</p> <p>_____</p> <p>Credit Card # _____ Exp. Date _____</p> <p>Name on Card (print) _____ Billing ZIP / Postal code _____</p> <p>Authorized Signature _____</p>	<p><b>CHECKS</b> (Allow 10 additional business days for processing.) Send <u>checks</u> payable in U.S. dollars to:</p> <p>Solutions for Association Management, Inc. 5550 Meadowbrook Drive Suite 210 Rolling Meadows, IL USA 60008-3805</p>
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**For questions, please call 1-847-871-4800 (8:30 a.m. – 5 p.m. CT) or email: [ipsinfo@samiworks.net](mailto:ipsinfo@samiworks.net)**