



REGISTRATION FORM

CACS 12th Annual Meeting • October 15-18, 2010

PHYSICIAN NAME: _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX: _____

EMAIL _____

CHECK YOUR PARTICIPATION

- CACS MEMBER, PRE-REGISTRATION PRIOR TO SEPTEMBER 24, 2010*** \$350.00
 - RECEPTION & ANNUAL MEETING — FRIDAY, OCTOBER 15, 2010
 - EDUCATIONAL PROGRAM — SATURDAY & SUNDAY, OCTOBER 16 & 17, 2010
 - LIVE SURGERIES — MONDAY, OCTOBER 18, 2010 LOCATION CHOICE: _____
- NON-MEMBER, PRE-REGISTRATION PRIOR TO SEPTEMBER 24, 2010*** \$650.00
 - RECEPTION & ANNUAL MEETING — FRIDAY, OCTOBER 15, 2010
 - EDUCATIONAL PROGRAM — SATURDAY & SUNDAY, OCTOBER 16 & 17, 2010
 - LIVE SURGERIES — MONDAY, OCTOBER 18, 2010 LOCATION CHOICE: _____
- GUEST PRIOR TO SEPTEMBER 24, 2010*** \$150.00
- EARLY BIRD SPECIAL OFFER (BECOME A NEW CACS MEMBER & ATTEND MEETING)**
REGISTER PRIOR TO SEPTEMBER 24, 2010* \$550.00
 - RECEPTION & ANNUAL MEETING — FRIDAY, OCTOBER 15, 2010
 - EDUCATIONAL PROGRAM — SATURDAY & SUNDAY, OCTOBER 16 & 17, 2010
 - LIVE SURGERIES — MONDAY, OCTOBER 18, 2010 LOCATION CHOICE: _____

**REGISTRATION AFTER SEPTEMBER 24, 2010 OR ONSITE WILL BE AN ADDITIONAL \$100.00*

PAYMENT INFORMATION

MASTERCARD VISA CHECK PAYABLE TO CACS *DEADLINE FOR REFUNDS IS SEPTEMBER 24, 2010*

NAME AS IT APPEARS ON CREDIT CARD _____

CARD NUMBER _____ EXP DATE _____

SIGNATURE _____

SEND PAYMENT TO:

CALIFORNIA ACADEMY OF COSMETIC SURGERY
5482 PARROLETTE COURT
OCEANSIDE, CA 92057 OR FAX TO 760-757-4223

BY REMITTING THE REGISTRATION FORM, REGISTRANT WILL BE ADMITTED ON CONDITION, AND BY SAID ATTENDANCE AT THIS MEETING AGREES, THAT HE/SHE WILL NOT PHOTOGRAPH, AUDIO TAPE, TRANSMIT OR AID IN TRANSMITTING ANY DESCRIPTION, ACCOUNT, PICTURE OR OTHER REPRODUCTION OF ANY PART OF THE MEETING. BREACH OF THE FOREGOING WILL AUTOMATICALLY TERMINATE YOUR REGISTRATION AND THE REGISTRANT SHALL BE LIABLE FOR ALL CONSEQUENTIAL AND OTHER APPLICABLE DAMAGES. YOU ALSO AGREE TO ABIDE BY ALL CACS POLICIES AND PROCEDURES AND BY THE POLICIES INCLUDED IN THE REGISTRATION PACKAGE.

SIGNATURE _____ DATE _____

**OR REGISTER ONLINE AT WWW.CALCOSMETICSURGERY.ORG
QUESTIONS? CALL (760) 529-5960 OR INFO@CALCOSMETICSURGERY.ORG**