

aslms.org

All course materials will be distributed to you as electronic links/PDFs via email prior to the course.  
Email completed registration form to [desiree@aslms.org](mailto:desiree@aslms.org). Or you can fax or mail completed registration form to ASLMS.

### Registrant Information

NAME	POSITION/TITLE
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DISCIPLINE OF REGISTRANT

Physician (MD, DO, MBBS or equivalent)  
 Nurse (NP, RN or LPN)  
 Scientist (PhD)  
 Physician Assistant

Non-Physician or Non-Nurse (CLT, LE, PT etc.) *who works under direct, on-site physician supervision\**

- Maximum of 10 seats available. Registrants may be placed on a wait list.
- Registrants must attach a letter, on official letterhead, from the on-site supervising physician for verification.

Resident or Fellow (MD or PhD)
 

- Maximum of 5 seats available. Registrants may be put on a wait list.
- Registrants must attach a letter, on official letterhead, from the program director or Chief of Service for verification.

ORGANIZATION

ADDRESS

CITY	STATE/PROVINCE/REGION	POSTAL/ZIP CODE	COUNTRY
PHONE	FAX	EMAIL	

DO YOU REQUIRE SERVICES FOR A DISABILITY?

No       Yes: Provide details \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS COURSE?

Advertisement     Word-of-mouth     Website     Direct Mail     Other: \_\_\_\_\_  
 Email     News Article     Social Media     Journal

### Fees & Payment Information

<p><b>REGISTRATION FEE (Select One)</b></p> <p> <input type="checkbox"/> \$1,050 ASLMS Member  <input type="checkbox"/> \$1,400 Non-Member  <input type="checkbox"/> \$500 Resident or Fellow         </p> <p><b>MEALS</b></p> <p>Complimentary continental breakfast and beverages/snacks will be provided Saturday and Sunday. Complimentary lunch will be provided on Saturday.</p> <p><b>TRAVEL</b></p> <p>Attendees are responsible for arranging and paying for personal lodging and transportation to and from all course venues.</p> <p>A special-rate room block has been established with the Sheraton Tucson. Visit <a href="#">the course web page</a> to access the reservation link by <b>November 22, 2019</b>.</p>	<p><b>PAYMENT TYPE (USD)</b></p> <p> <input type="checkbox"/> Check or Money Order (Made out to ASLMS)  <input type="checkbox"/> Visa  <input type="checkbox"/> MasterCard  <input type="checkbox"/> American Express         </p> <p>Card Number: _____</p> <p>Expiration Date (mm/yyyy): _____</p> <p>Signature: _____ Date: _____</p> <p><input type="checkbox"/> I authorize ASLMS to charge the registration fee (USD) to my credit card and acknowledge that a service fee of \$200 will be assessed for processing refunds. No refunds after November 22, 2019.</p> <div style="background-color: red; color: white; padding: 10px; text-align: center;"> <p><b>Not a member of ASLMS?</b></p> <p>Don't worry! Non-members who submit a membership application at the time of registration qualify for the member fee. <a href="#">Join Today!</a></p> </div>
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\*This requirement is aligned with the ASLMS Principles for Non-Physician Use of Laser and Related Technology as approved by the ASLMS Board of Directors.