

EXHIBITOR APPLICATION

The company name as shown on this form will appear in all Aesthetic Society promotions/publications. Please use appropriate capitalization. Complete a separate contract for each company or division. Contracts will not be processed without payment. Return completed application form via email to <u>erika@surgery.org</u>. Deadline: October 31, 2020.

Exhibiting Company Name:					
Address:					
City:		State:	Country:		Zip:
Telephone:	Toll Free:			Fax:	
Company Email:			Website:		
Exhibit Contact — Person responses Aesthetic Society, All exhibit relations		- ·			

Aesthetic Society. All exhibit related information including, reminders, login access/passwords, invoices, etc. will be sent to the person listed below.

Name:	Title:
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Phone:	Email:

Registration Options:

Industry Presenter and Sponsor - \$3,500	Promotional Exhibitor and Sponsor - \$1,500	Exhibitor Showcase - \$200
 Includes banner, description with embedded video capabilities, downloadable resources, contacts, and live chat. Logo embedded on meeting event sponsor page. 5-minute podium presentation and 3-minute discussion*. Pre recorded presentation. Discussion will be live. Access for two company representatives to attend the meeting. Additional meeting access can be purchased upon request. Report of attendees who opted to share their contact information while visiting your profile, listing views, resource downloads stats and chat logs. Pre-Registration attendee list will be emailed a few days prior to the event to the Exhibit Contact. 	 Includes banner, description with embedded video capabilities, downloadable resources, contacts, and live chat. Logo embedded on meeting event sponsor page. Report of attendees who opted to share their contact information while visiting your profile, listing views, resource downloads stats and chat logs. Pre-Registration attendee list will be emailed one week prior to the event to the Exhibit Contact. 	 Includes company logo, name, description, contact and website link. Pre-Registration attendee list will be emailed one week prior to the event to the Exhibit Contact.

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Please	choose your virtual option(s):					
Pror	ustry Presenter and Sponsor - \$ motional Exhibitor and Sponso bitor Showcase - \$200 ustry Meeting Attendee - \$399	r - \$1,500				
Full payment is required with agreement. Method of Payment – Please check one						
 Check # enclosed. All checks must be made out in US Dollars and made payable to The Aesthetic Society. All checks must be mailed to The Aesthetic Society, 11262 Monarch Street, Garden Grove, CA 92841 Please charge the full amount to: Mastercard Visa American Express 						
Credit Card # Ex				Expiration Date:		
Name of Cardholder:				Billing Zip Code:		
All cancellations must be sent via email to <u>erika@surgery.org</u> . Fees will not be refunded unless the cancellation is received prior to October 31, 2020. There will be a 25% administrative fee of the total cost for ALL refunds/cancellations. Any cancellations received after October 31, 2020 will not be refunded.						
Signa	ture:		Date:			
FOR SC				Date Application		
Exhibi	itor ID#	Assignment:		Was Received by		
Booth	Points:	Cost:		The Aesthetic Society:		