REGISTRATION FORM
15th Annual Dallas Cosmetic Surgery Symposium
March 7-8, 2012 #RP1203A

First Name_____ Middle Initial_____ Last Name_____

Degree_____ Last four Digits of SS#_____

Address_____

City_____ State_____ Country_____ Postal Code_____

Business Phone_____ Fax_____ ☐ UT Southwestern Alumni

Email_____

❑ Check here to receive our free monthly email calendar of upcoming educational programs.

Please indicate preferred method to receive registration confirmation: ❑ Email ❑ Fax ❑ Mail

Registration Fees (U.S. Funds Only):

Method of payment:

❑ MASTERCARD ❑ VISA

Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐ Exp. Date_____

Security Code

Signature of Cardholder_____ Print Cardholder's Name_____

Full Mailing Address of Cardholder: _____

City_____ State_____ Zip Code_____

❑ AMEX

Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐ Exp. Date_____

Security Code

Signature of Cardholder_____ Print Cardholder's Name_____

Full Mailing Address of Cardholder: _____

City_____ State_____ Zip Code_____

❑ CHECK Make payable to: **UT SOUTHWESTERN / CME**

Complete and return registration to:

UT Southwestern Office of Continuing Medical Education
5323 Harry Hines Boulevard
Dallas, Texas 75390-9059
or Fax 214-648-4804

Refund Policy

A handling fee of **$200** for the Cosmetic Surgery Symposium will be deducted from cancellation refunds. Refund requests must be received by mail or fax prior to February 28, 2012. **No refunds will be made thereafter.**

ADA Statement

❑ Please check this box if you require assistance because of a disability to make this program accessible to you. Someone from our office will be in touch with you.

REGISTRATION FEES - *Early-Bird (Before Jan 1)*	Registering for Dallas Cosmetic Surgery Symposium only	Reduced Rate if Registered for Dallas Rhinoplasty Symposium
PHYSICIANS (WITH ANATOMY LAB)	____ $1250	____ $1150
PHYSICIANS (WITHOUT ANATOMY LAB)	____ $ 750	____ $ 650
UTSOUTHWESTERN ALUMNI/Rhinoplasty Society Member (WITH ANATOMY LAB)	____ $1000	____ $ 900
UTSOUTHWESTERN ALUMNI/Rhinoplasty Society Member (WITHOUT ANATOMY LAB)	____ $ 700	____ $ 600
*RESIDENTS (WITH ANATOMY LAB)	____ $ 700	____ $ 600
*RESIDENTS (WITHOUT ANATOMY LAB)	____ $ 350	____ $ 300

REGISTRATION FEES - *Effective Jan 1*	Registering for Dallas Cosmetic Surgery Symposium only	Reduced Rate if Registered for Dallas Rhinoplasty Symposium
PHYSICIANS (WITH ANATOMY LAB)	____ $1300	____ $1200
PHYSICIANS (WITHOUT ANATOMY LAB)	____ $ 800	____ $ 700
UTSOUTHWESTERN ALUMNI/Rhinoplasty Society Member (WITH ANATOMY LAB)	____ $1050	____ $ 950
UTSOUTHWESTERN ALUMNI/Rhinoplasty Society Member (WITHOUT ANATOMY LAB)	____ $ 650	____ $ 550
*RESIDENTS (WITH ANATOMY LAB)	____ $ 750	____ $ 650
*RESIDENTS (WITHOUT ANATOMY LAB)	____ $ 400	____ $ 350

Anatomy lab participants will receive an anatomic facial dissection in DVD format during registration at the hotel. DVDs from previous symposia will be available for purchase at the symposium, or you may purchase the DVDs at www.utsouthwestern.edu/plasticsurgerysymposia.

Above lab fees are based on 3 participants to a station. ❑ **Please check this box if you would like to pay $300 extra to be in a station with 2 participants.**

No changes will be made after February 28, 2012.

*Registration form must be accompanied by letter from department chair or program director.