



2019 NESPS Spring Workshop
RHINOPLASTY
Lotte New York Palace Hotel



MAILING LIST ORDER FORM

The pre and final registration list is available in excel format on a one time, one use basis after on February 22nd or March 4th, 2019 for a fee of \$100 each. Payment and a copy of your mail piece must be included with order form and sent to:

Northeastern Society of Plastic Surgeons
 500 Cummings Center, Suite 4550
 Beverly, MA 01915
 Telephone: 978-927-8330 | Fax: 978-524-0461 | Industry@nesps.org

Pre registration list \$100.00 TOTAL CHARGE: _____
 Final registration list \$100.00

Please charge my   

Card #: _____ Sec. Code: _____ Exp: _____

Company Name: _____

Billing Address: _____

City/State/Zip: _____

Telephone: _____ **FAX:** _____

Email: _____

- Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.**
- Please check if credit card billing address is same as contact information at the top of the form.
- If billing address is not the same please enter below.

I understand by ordering the labels, I will use them once and will not reproduce them. Please note that this list is seeded to detect unauthorized use and may be used for this mailing only. If unauthorized use is found, a \$1,000 fee will be imposed.

Contact Name: _____

Signature: _____ **Date:** _____