

NORTHEASTERN SOCIETY OF PLASTIC SURGEONS

Spring Workshop

Saturday, March 2, 2019

Lotte New York Palace Hotel, New York, NY

Pre-Registration Deadline: March 1, 2019

REGISTRATION FORM

Please Print Clearly Or Type

Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____ Country _____

Phone: _____ Fax: _____

E-mail: _____

REGISTRATION FEES

		Pre-Registration	Onsite
A. _____	NESPS Member	\$ 100	\$150
B. _____	Non-Member	\$ 300	\$350
C. _____	Resident	\$ 40	\$65

TOTAL AMOUNT DUE: \$ _____

METHOD OF PAYMENT

Please charge my registration fees to the following credit card:



Name As It Appears on Credit Card: _____

Billing Address of Card Holder: Same as Above or _____

City: _____ State: _____ Zip: _____

Credit Card #: _____ Expiration Date: _____ / _____

Security Code: _____ (See card images below) Where is your Card Security Code? Your credit card's security code is a 3- or 4- digit number located on its front or back of your credit card



Signature: _____

I would like to pay by check (enclosed).

Please make checks payable to:

NESPS 500 Cummings Center Suite 4400 Beverly, Massachusetts 01915

Phone: 978-927-8330 Fax: 978-524-0461

All requests for cancellations must be received in writing. If a written request of cancellation is received at the Society's Administrative Office prior to Friday, February 18, 2019, the registration fee, less a \$25.00 administrative fee, will be refunded after the meeting.

Refund requests received after February 18th will not be honored.