# New Frontiers in Cosmetic Medicine 8th Annual Symposium
## GROUP REGISTRATION FORM

Hilton Hasbrouck Heights/Meadowlands | Hasbrouck Heights, New Jersey
November 17-18, 2018

You must register **5 or more attendees** from your practice to be eligible for the 20% discount.

| | Registration Type | Number of Attendee(s) | Price Per Attendee(s) | SUBTOTAL |
|---|---|---|---|---|
| Line A | Physician | | $269 | |
| Line B | PA/NP/RN | | $119 | |
| Line C | Staff | | $99 | |
| | | Subtotal of Lines A-C: | | |
| | | *Apply Discount of 20% to Subtotal* | | |
| | | Amount Owed: | | |

Please continue to page 2 to fill out individual attendee information.

**Registration Payment:**

Name on Credit Card: ___________________________________________Card Type: VISA, MC, AMEX

Credit Card #: _________________________________________________ Exp. Date: _______ CVV Code: _______

Billing Address: _________________________________________________________________________________

City: ______________________ State: _____________________________ Zip Code: _________________________

- Please complete the required registration form and mail, fax or scan to the contact information listed below. Once your registration is complete, a seat will be reserved. We encourage you to complete the registration early to guarantee entrance to the symposium.
- The NFCM Symposium asks that absolutely no photography, video or any other method of reproduction be utilized during the didactic sessions.
- NFCM will offer a 100% refund within 72 hours from time of purchase less applicable credit card processing fee. After 72 hours, refunds will be less 50%. All refunds must be made in writing and post marked or tax stamped no later than 30 days before the event. No refund will be made if the request is made within 30 days of the educational event. Refunds will not be issued to non-show registrants. Substitutions are always welcome, with the payment of a processing fee of $50.

The Dermatology Education Group • www.Cosmeticfrontiers.com
6816 Southpoint Parkway, Suite 1000 • Jacksonville, FL 32216
Phone: 904.309.6220 • Fax: 904.425.4230 • Email: cschroeder@leadingstar.com

New Frontiers in Cosmetic Medicine 8th Annual Symposium

GROUP REGISTRATION FORM

Hilton Hasbrouck Heights/Meadowlands | Hasbrouck Heights, New Jersey

November 17-18, 2018

**Attendee Information:**

1. First Name: ________________________________ Last Name: _________________________________

   Medical License Number*: ____________________________ City: ____________ State: ____________

   Phone Number: ______________________________ Email Address: _____________________________

2. First Name: ________________________________ Last Name: _________________________________

   Medical License Number*: ____________________________ City: ____________ State: ____________

   Phone Number: ______________________________ Email Address: _____________________________

3. First Name: ________________________________ Last Name: _________________________________

   Medical License Number*: ____________________________ City: ____________ State: ____________

   Phone Number: ______________________________ Email Address: _____________________________

4. First Name: ________________________________ Last Name: _________________________________

   Medical License Number*: ____________________________ City: ____________ State: ____________

   Phone Number: ______________________________ Email Address: _____________________________

5. First Name: ________________________________ Last Name: _________________________________

   Medical License Number*: ____________________________ City: ____________ State: ____________

   Phone Number: ______________________________ Email Address: _____________________________

* If applicable.