

# The American Society of Nonsurgical Aesthetics

## REGISTRATION FORM



### LIPODISSOLVE

COURSE FEE: MD/DO/MBBS \$1950 | RN/ND/NP/PA/FNP \$1300

NOTE: RN registration requires a prior certification by/or attendance with the supervising physician

COURSE DATES (please circle your chosen date):

- February 23, 2008 |  March 29, 2008 |  April 26, 2008 |  June 21, 2008 |  July 26, 2008  
 October 18, 2008 |  November 15, 2008

**Please complete, sign and FAX this form to:**

**FAX +1 208-330-9903**

ASNA • New York • NY 10022

Ph: (888) 948-0003 x 101 | Hours: 9 am-5 pm EST

**A COPY OF A VALID MEDICAL LICENSE MUST ACCOMPANY THE APPLICATION**

Physician's Name and Title: \_\_\_\_\_ (to appear on certificate)

My medical title (please circle): MD, DO, MBBS Other:

RN, DC, ND, DPM, NP, PA, FNP Other:

Medical Specialty: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ (to appear on our website)

Address: \_\_\_\_\_

State and Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

### CREDIT CARD DETAILS

Please write exactly as it appear on card – fill in all details as indicated

Name on card: \_\_\_\_\_

Visa: \_\_\_ MasterCard: \_\_\_ AmEx: \_\_\_ Total Fee to be charged: \$ \_\_\_\_\_

Card No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ CVC Code: \_\_\_\_\_ (last 3 digits on back of the card)

Billing Address: \_\_\_\_\_  same as above

PLEASE SIGN TO APPROVE ALL CHARGES: Confirmation is issued per fax and/or mail. Fees are non-refundable. If you are unable to attend, you may exchange course dates. Reversed, late or failed payments are subject to 18% penalty per month plus collection, banking and legal fees until paid.

Payee Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

For additional Lipodissolve information, see: [www.asna-asal.com](http://www.asna-asal.com)