

Registration Fees:

- Member/Physician \$600 (Includes breakfasts, lunches, breaks, Poster/Wine Reception and Awards Dinner Dance.)
- Guest Physician \$600 (Includes breakfasts, lunches and breaks.)
- OVSPS Emeritus \$300 (Includes breakfasts, lunches, breaks, Poster/Wine Reception and Awards Dinner Dance.)
- Resident/Fellow \$150 (Includes breakfasts, lunches and breaks.)
- PA/Nurse \$150 (Includes breakfasts, lunches and breaks.)
- Medical Student \$100 (Includes breakfasts, lunches and breaks.)
- Guest/Spouse Fee \$200 (Poster/Wine reception and Awards Dinner Dance.)

Social Event Fee Breakdown:

- OVSPS Member Included in registration
- Guest Physician Awards Dinner \$200 per person
- OVSPS Emeritus Included in registration
- Resident/Fellow/Med Student Awards Dinner \$75 per person
- Resident/Fellow/Med Student Guest Awards Dinner \$75 per person
- PA/Nurse Awards Dinner \$75 per person
- PA/Nurse Guest Awards Dinner \$75 per person

TOTAL AMOUNT OWED: \$ _____

- I will attend the Friday Evening Poster Reception
- I will attend the Saturday Awards Dinner. (Resident Awards presented at this event.)
- I require vegetarian meals or have other dietary restrictions _____
- My guest will attend the Friday Evening Poster Reception
- My guest will attend the Saturday Awards Dinner
- My guest requires vegetarian meals or has other dietary restrictions _____

PLEASE NOTE: THE SATURDAY DINNER CANNOT BE GUARANTEED IF NOT CONFIRMED BY MAY 15th. ON SITE AWARDS DINNER REQUESTS WILL BE HANDLED ACCORDING TO AVAILABILITY AND ON A FIRST-COME FIRST-SERVED BASIS.

Register by mail or online via *PayPal at www.ovsps.org. Mail checks to:
 The Ohio Valley Society of Plastic Surgeons
 C/O Darlene Lyons
 37122 Tail Feather Drive
 North Ridgeville, OH 44039 (CELL 216-375-5025, FAX 440-731-8762)

*Please be advised that the registrant does NOT require a personal PayPal Account to register online. Your personal credit card is accepted on the OVSPS PayPal Account. Thank you.

(PLEASE PRINT LEGIBLY.)

- *Last Name _____ *First Name _____ MI ____ *Degree ____
- *Affiliation _____ Residency Program (If applicable) _____
- *Office (Not Home) Address _____

- *City _____ *State _____ *Zip _____
- *Phone _____ *FAX _____
- *Specialty _____ *Email Address _____
- Charge my ____ MC ____ VISA ____ AMEX Card # _____
- *Exp. _____
- *Security Code _____ *Name on card _____ *Billing Zip Code _____
- *Total amount enclosed: \$ _____

***Denotes required field.**



If you have any special needs that require additional assistance, please call us. Requests must be received at least two weeks prior to the conference. OVSPS fully complies with the requirements of the Americans with Disabilities Act (ADA) and will endeavor to address special needs, as time allows, to enhance your participation. Please indicate any special requirements on the Registration form.

Cancellation Policy:

In case of cancellation a refund less an administrative fee of \$50 will be made if a written request is received by May 1, 2019.

NO REFUNDS INCLUDING SOCIAL EVENTS WILL BE ISSUED AFTER MAY 1, 2019.