

**OHIO VALLEY SOCIETY OF PLASTIC SURGEONS
THE GREENBRIER, WHITE SULFUR SPRINGS, WV
ANNUAL MEETING REGISTRATION – MAY 15-17, 2025**

Registration Fees:

- Member/Physician \$700 (Includes breakfasts, lunches, breaks, Thursday Cocktail Reception (4-5:30 PM), Saturday Eve Cocktail Awards Reception.)
- Guest Physician \$700 (Includes breakfasts, lunches and breaks.)
- OVSPS Emeritus \$400 (Includes breakfasts, lunches, breaks, Thursday Cocktail Reception (4-5:30 PM), Saturday Eve Cocktail Awards Reception.)
- Resident/Fellow \$200 (Includes breakfasts, lunches, breaks, Thursday Cocktail Reception (4-5:30 PM.))
- Medical Student \$150 (Includes breakfasts, lunches, breaks, Thursday Cocktail Reception (4-5:30 PM.))
- Guest/Spouse Fee \$300 (Thursday Cocktail Reception (4-5:30 PM), Saturday Eve Cocktail Awards Reception.)

Social Event Fee Breakdown:

- OVSPS Member \$0 Included in registration fee
- Guest Physician \$300 pp Thursday Cocktail Reception, Saturday Eve Cocktail Awards Reception
- OVSPS Emeritus \$0 Included in registration fee
- Resident/Fellow/Med Student \$50 pp Saturday Eve Cocktail Awards Reception
- Resident/Fellow/Med Student Guest \$50 pp Thursday Cocktail Reception, Saturday Eve Cocktail Awards Reception

TOTAL AMOUNT OWED: \$ _____

- I will attend the Thursday Lunch.
- I will attend the Thursday Evening Cocktail Reception (4:00-5:30 PM).
- I will attend the Saturday Eve Cocktail Awards Reception. (Resident Awards presented at this event.)
- My guest will attend the Thursday Evening Cocktail Reception.
- My guest will attend the Saturday Eve Awards Cocktail Reception.

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)

*Please be advised that the registrant does NOT require a personal PayPal Account to

(PLEASE PRINT LEGIBLY.)

*Last Name _____ *First Name _____ MI _____ *Degree _____

*Affiliation _____ Residency Program (If applicable) _____

*Office (Not Home) Address _____

*City _____ *State _____ *Zip _____

*Phone _____ *Specialty (if other than plastic surgery) _____

*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, 2025.

NO REFUNDS INCLUDING SOCIAL EVENTS WILL BE ISSUED AFTER MAY 1, 2025.