

**OHIO VALLEY SOCIETY OF PLASTIC SURGEONS  
Sawmill Creek Resort at Cedar Point, Sandusky, OH  
ANNUAL MEETING REGISTRATION – MAY 28-31, 2026**

**Registration Fees:**

- Member/Physician \$700 (Includes breakfasts, lunches, breaks, Thursday Welcome Reception, Friday Meet/Greet Reception, Saturday Eve Cocktail Awards Reception.)
- Guest Physician \$700 (Includes breakfasts, lunches and breaks.)
- OVSPS Emeritus \$400 (Includes breakfasts, lunches, breaks, Thursday Welcome Reception, Friday Meet/Greet Reception, Saturday Eve Cocktail Awards Reception.)
- Resident/Fellow \$200 (Includes breakfasts, lunches, breaks, Thursday Welcome Reception, Friday Meet/Greet Reception)
- Medical Student \$150 (Includes breakfasts, lunches, breaks, Thursday Welcome Reception, Friday Meet/Greet Reception)
- Guest/Spouse Fee \$300 (Includes breakfasts, lunches, breaks, Thursday Welcome Reception, Friday Meet/Greet, Saturday Eve Cocktail Awards Reception.)

Social Event Fee Breakdown:

- OVSPS Member \$0 (Included in registration fee.)
- Guest Physician \$300 pp (Includes breakfasts, lunches, breaks, Thursday Welcome Reception, Friday Meet/Greet Reception, Saturday Eve Cocktail Awards Reception.)
- OVSPS Emeritus \$0 (Included in registration fee.)
- Resident/Med Student \$50 pp (Saturday Eve Cocktail Awards Reception)
- Resident/Med Student Guest \$50 pp (Thursday Welcome Reception, Friday Meet/Greet Reception, Saturday Eve Cocktail Awards Reception)

**TOTAL AMOUNT OWED:** \$ \_\_\_\_\_

- I will attend the Thursday Lunch.
- RESIDENTS ONLY.** I will attend the Friday Resident Lunch
- MEMBERS ONLY.** I will attend the Saturday Business Lunch.
- I will attend the Thursday Evening Cocktail Reception.
- I will attend the Friday Meet/Greet Reception.
- 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 Friday Meet/Greet Reception.
- My guest will attend the Saturday Eve Awards Cocktail Reception.
- Attendee and/or Guest Food Allergies/Preferences \_\_\_\_\_

Register by mail or online via \*PayPal at [www.ovsps.org](http://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. To be listed on the registration list.)** 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, 2026.

**NO REFUNDS INCLUDING SOCIAL EVENTS WILL BE ISSUED AFTER APRIL 15, 2026.**