

# REGISTRATION FORM

## Physician Attendee:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Ofc Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Medical License #: \_\_\_\_\_

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

Referral Source \_\_\_\_\_

## Course Information:

Dates \_\_\_\_\_

Course \_\_\_\_\_

Location \_\_\_\_\_

Accompanying Staff\* \_\_\_\_\_

\*Fees may apply and space is limited.

Supplemental Training \_\_\_\_\_

\*Preceptors may offer additional training (add'l fees required & space is limited)

Total Fees: \_\_\_\_\_

## Payment Type:

Visa

Mastercard

AMEX

Total Fees: \_\_\_\_\_

Card# \_\_\_\_\_

Exp Date: \_\_\_\_\_ VCode: \_\_\_\_\_

Signature: \_\_\_\_\_

\*If paying by check, make check payable to FAME

## Cancellation Policy:

Registration is 90% refundable only if a written cancellation is received 2 weeks prior to the scheduled workshop.

NO REFUND will be given after this date for any reason.

Please fax completed form to: AAOCG

Attn: Course Coordinator

Or mail completed form to: American Academy of Cosmetic Gynecologists

8000 S Kolb Rd, Ste 101, Tucson, AZ 85756

(520) 574.3098 phone (520) 574.7944 fax

American Academy of Cosmetic Gynecologists  
8000 S Kolb Rd, Ste 101, Tucson AZ 85756



# American Academy of Cosmetic Gynecologists



## LIVE SURGERY WORKSHOPS

Each activity has been approved for  
AMA PRA Category 1 Credit

[www.AAOCG.org](http://www.AAOCG.org)