



**ADVANCE
REGISTRATION
DEADLINE:
SEPTEMBER 20, 2010**

**ONE FORM PER PERSON.
SUBMIT BOTH PAGES.**

SEAPORT HOTEL & WORLD TRADE CENTER
BOSTON ★ 2010
MASSACHUSETTS USA OCTOBER 20-24
18TH ANNUAL SCIENTIFIC MEETING

THREE METHODS TO REGISTER:

- 1. ONLINE:** www.ISHRS.org/18thAnnualMeeting.html
- 2. FAX:** 630-262-1520
- 3. MAIL:** ISHRS, 303 West State Street, Geneva, IL 60134, USA

QUESTIONS?

Telephone:
630-262-5399 or 800-444-2737
 E-mail: info@ishrs.org

Online registration is the recommended method. Online registrations are processed immediately in real time. A confirmation letter/receipt will automatically be e-mailed to you. If you register via fax or mail, please allow 5-7 days for processing – a confirmation letter/receipt will be e-mailed to you.

NAME: _____

ADDRESS: _____

CITY: _____

STATE/REGION: _____

POSTAL/ZIP CODE: _____

COUNTRY: _____

PHONE: _____

FAX: _____

E-MAIL (REQUIRED): _____

IN CASE OF EMERGENCY, CONTACT (NAME): _____

RELATION: _____

PHONE: _____

E-MAIL: _____

MISCELLANEOUS ITEMS:

SPECIAL MEAL REQUESTS, if applicable, please indicate:

- Vegetarian Vegan Kosher Hallal Meal

NEWCOMERS PROGRAM, please indicate if you wish to participate in this program as a:

- Volunteer Host (active ISHRS member)
Newcomer

Please provide some background info about yourself that we will share with your match (e.g., specialty background, interests)

FIRST TIMERS: Please check this box if this will be your **first ISHRS Annual Scientific Meeting**.

VISA HELP? Please check this box if you will need an **invitation letter** to the meeting on ISHRS letterhead **for purposes of obtaining a visa**. A letter will be emailed to you in the coming weeks.

NON-MEMBERS, please tell us how you heard about our program:

ATTENDEE PARTICIPATION AGREEMENT
(All registrants must read and sign this Agreement.)

I hereby request and consent to participate as an attendee at the International Society of Hair Restoration Surgery's 18th Annual Scientific Meeting to be held October 20-24, 2010, in Boston, MA, USA (the "Annual Meeting").

I understand that the material presented at the Annual Meeting has been made available under sponsorship of the International Society of Hair Restoration Surgery ("ISHRS") for educational purposes only. This material is not intended to represent the only, nor necessarily the best, method or procedure appropriate for the medical situations discussed, but rather is intended to present an approach, view, statement or opinion of the faculty which may be of interest to others.

I understand and acknowledge that volunteer patients have been asked to participate in the Annual Meeting sessions, courses, and workshops ("Sessions") for educational and training purposes. I represent and warrant that I shall keep confidential the identity of, and any information I may receive during the Annual Meeting regarding, such volunteer patients.

I further understand and agree that I cannot reproduce the Annual Meeting Sessions, or portions thereof, in any manner, including, without limitation, by photograph, audiotape, or videotape. All property rights in the material presented, including common law copyright, are expressly reserved to the presenter or to the ISHRS. The Sessions may be audiotaped, videotaped, or photographed by the ISHRS. I expressly grant the ISHRS permission to record my voice and/or my image by audiotape, videotape, and/or still photography during such Sessions, and I hereby waive any and all rights in and to such recordings.

I represent and warrant that I shall adhere to universal precautions during all Sessions I attend, and that I shall conform to all proper medical practices and procedures for the treatment of patients for whom no medical history is available when coming into contact with such patients, as well as with cadaveric specimens or cadaveric material. In the event that I incur a needle stick injury, cut, or other exposure to blood borne pathogens, I shall immediately notify the Session Director and the ISHRS and take such other follow-up measures as deemed appropriate.

The ISHRS is not responsible for expenses incurred by an individual who is not confirmed and for whom space is not available. Costs incurred by such individuals, such as airline or hotel fees or penalties, are their responsibility.

As a condition of my participation, I hereby waive any and all rights, actions, and claims I may have against the ISHRS, its directors, officers, members, employees and agents, or against the presenters or speakers, and release and discharge them from and against any and all liability for damage, injury, or disease that may arise from my participation or attendance at the Annual Meeting, including, without limitation, the manner in which the Annual Meeting is conducted and the information is presented.

By signing below and/or registering for the Annual Meeting, I agree to be bound by the terms of this Attendee Participation Agreement and to abide by all other policies and procedures of ISHRS.

SIGNATURE: _____

DATE: _____

NAME:

GENERAL ADVANCE REGISTRATION FEE

All fees are indicated in U.S. dollars.

The following rates are valid for registration forms received by September 20, 2010. Registrations received after this date are not eligible for the Advance Registration Fees. Post-deadline registrations including those received onsite will be assessed a \$75 late fee and will be processed onsite. See "Registration Categories & Fees" page for additional detail.

PHYSICIAN CATEGORIES

- Physician – ISHRS Member \$980
- Physician – Pending ISHRS Member \$1,102
- Physician – Non-Member* \$1,225

RESIDENT CATEGORIES

- Physician Resident or Training Fellow ISHRS Member \$520
- Physician Resident – Pending ISHRS Member \$545
- Physician Resident or Training Fellow – Non-Member* \$570

ADJUNCT CATEGORIES

- Adjunct – ISHRS Member \$980
- Adjunct – Pending ISHRS Member \$1,102
- Adjunct – Non-Member/Trichologist* \$1,225

SURGICAL ASSISTANT CATEGORIES

- Surgical Assistant – ISHRS Member \$440
- Surgical Assistant – Pending ISHRS Member \$520
- Surgical Assistant – Non-Member* \$620

OTHER CATEGORIES

- Clinic Director/Owner* \$1,225
- Office Manager* \$620
- Office Staff* \$620
- Marketing/Media Consultant, Website Owner, Webmaster* \$1,225
- Spouse/Guest* \$620

WEDNESDAY DAY PASSES

- Physician, Adjunct, Resident, Clinic Director, Marketing/ Web – Wed. Day Pass \$350
- Surgical Assistant/Ancillary Staff – Wed. Day Pass \$150

*Registration verification is required for all non-members and must accompany registration form. For online registration you may fax verification to 630-262-1520. See page 31 for specific details.

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PAYMENT INFORMATION

If paying by check, make payable in U.S. dollars to:
International Society of Hair Restoration Surgery

If paying by credit card: Visa MasterCard American Express

CARD NUMBER _____

EXPIRATION DATE (M/M/YYYY) _____

NAME ON CARD (PRINT) _____

BILLING ADDRESS (PRINT) _____

AUTHORIZED SIGNATURE _____

EXTRA COURSES

- 401: Live Surgery Workshop (Tues.) \$595
- 402: Board Review Course (Wed.) \$495
- 403: Basics Course in FU Hair Restoration Surgery (Wed.) \$895
- 404: Surgical Assistants Program (Wed.) \$0
(no charge, but you must register)
- 405: SA Dissecting & Implanting Workshop (Thurs. a.m.) \$245

WORKSHOPS

Seating is limited. As a member-benefit, only ISHRS members and member applicants may advance register for workshops. Non-members may purchase tickets on-site pending availability.

- 101: Workshop: Beginning FUE (Thurs. a.m.) \$95
- 102: Workshop: Recipient Sites (Thurs. a.m.) \$95
- 103: Workshop: Painless Anesthesia (Thurs. a.m.) \$95
- 104: Workshop: Pearls Graft Survival (Thurs. a.m.) \$95
- 201: Workshop: FTP Educators – ISHRS FTP Directors/Co-Directors (no fee) (Fri. a.m.) \$0
- 201: Workshop: FTP Educators – other attendees (Fri. a.m.) \$95

LUNCH SYMPOSIA

Select one, included with main registration fee:

- 111: Lunch Symposium: Powered FUE (Thurs.) \$0
- 112: Lunch Symposium: Complications (Thurs.) \$0
- 113: Lunch Symposium: Social Media (Thurs.) \$0

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SOCIAL ACTIVITIES

PRESIDENT'S ANNUAL GIVING FUND RECEPTION (Fri.)

- 701: AGF Reception (Fri.) – I am a Trustee Circle or Leadership Circle donor and should receive 2 complimentary adult tickets.
- 702: AGF Reception (Fri.) – Adult Ticket, Donor Special Price # Tickets @ \$90 each
- 703: AGF Reception (Fri.) – Adult Ticket, Regular (non-donor) # Tickets @ \$110 each
- 704: AGF Reception (Fri.) – Child Ticket (under 18 y/o) # Tickets @ \$35 each

GALA

- 705: Gala Dinner/Dance (Sat.) # Tickets @ \$95 each

ISHRS CHARTERED TOURS

- 706: ISHRS Charter Tour: Culinary Tour (Thurs.) # Tickets @ \$217 each
- 707: ISHRS Charter Tour: Duck Tour (Sat.) – Adult Ticket # Tickets @ \$43 each
- 708: ISHRS Charter Tour: Duck Tour (Sat.) – Child Ticket (under 13 y/o) # Tickets @ \$38 each

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POST AND ONSITE REGISTRATION FEE

- After September 20, 2010, add the late processing fee of \$75.

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TOTAL \$