



**American Academy of Aesthetic Medicine**  
**Level 3 Board Certification Examination in Aesthetic Medicine**  
**8 July 2012 • The Gardens Hotel & Residences, Mid Valley**  
**Kuala Lumpur, Malaysia**  
**Registration Form**  
 Fax to: (65) 6395 9394 or Email: asiaaesthetic@ezyhealth.com

Title: _____ First Name: _____ Family Name: _____	
Institution / Clinic's Name: _____	
Address: _____	
City: _____	Zip Code: _____ Country: _____
Name & Title to be printed on Certificate: _____	
Tel: _____	Fax: _____
Email: _____	
AAAM Membership Number: _____	Membership Expiry Date: _____

**EXAM DETAILS:**

If the candidate has to re-sit for either the written or oral examination, registration fee of US\$500 will be imposed for each application.

The Board Exam encompasses two parts:

**Part 1: Written Examination (2 hours)**  
**1500 - 1700 hrs**

- ❖ Candidate will receive a 100-multiple choice question paper
- ❖ Passing rate is 70% in order to be admitted to the Oral Exam
- ❖ You will be informed of Written Exam results by AAAM on the same day by 1745 hrs

**Part 2: Oral Examination**  
**1800 hrs onwards**

- ❖ Candidate will have to meet with a Board Examiners (30 mins)

Course	AAAM Member	Non Member	Cost (US\$)
<b>Level 3 Board Certification Examination in Aesthetic Medicine</b>	<b>US\$3,300</b>	<b>US\$3,500</b>	
Grand Total (US\$)			





### AAAM Membership

- US\$175 per person per year (renewable after expiry)
- Membership Application may be completed online at: [http://www.aaamed.org/Mbr\\_Join.cfm](http://www.aaamed.org/Mbr_Join.cfm)
- Member's rate can be applied for AAAM courses immediately after submission of membership application

### Methods of Payment (Registration is confirmed only upon receipt of payment)

**Credit Card**

*I hereby authorize the Organizer to debit my credit card account and to pay 4% transaction fees*

- Visa
- MasterCard

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

CCV Code: \_\_\_\_\_

**Bank Draft** drawn in US Dollars to "Ezyhealth Conferences & Events International Pte Ltd"

Please courier bank draft to:

Ezyhealth Conferences & Events International Pte Ltd

53A Science Park Drive, The Faraday, Singapore Science Park 1, Singapore 118234

**Bank Transfer (TT)**. Please remit in US Dollars to below account (kindly inform your bank the sender bears all corresponding bank charges):

Account Name: Ezyhealth Conferences and Events International Pte Ltd  
Bank Name : Citibank Singapore Ltd  
USD A/c No. : 0-616717-014  
Swift Code : CITISGSG  
Bank Code : 7214  
Branch : 011  
Address : 8 Marina View #17-01, Asia Square Tower 1, Singapore 018960

### Cancellation Policy

- No refund of course fees for cancellations
- The Organizer reserves the right to cancel or alter the content and timing of the programme or the identity of speakers
- In the event that the Organizer cancels the meeting, the registration fee (less bank charges) will be refunded.

### Force Majeure

If for any reason beyond the Organizer's or Delegate's reasonable control (including but not limited to strikes; labour disputes; acts, regulations or orders of governmental authorities; civil disorder; disasters; acts of terrorism; acts of war; acts of God; fires; flood or other emergency conditions), any airticket or hotel room cancellation charges incurred by the Delegate will not be refunded.

### Hotel Accommodation in Kuala Lumpur

For information in hotel accommodation , please contact:

Tel : +65 63959418

Email: [asiaaesthetic@ezyhealth.com](mailto:asiaaesthetic@ezyhealth.com)

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