



**American Academy of Aesthetic Medicine
Hair Transplantation Course
16 – 18 July 2012 • Kuala Lumpur, Malaysia
Registration Form**

Fax to: (65) 6395 9394 or Email: asiaaesthetic@ezyhealth.com

Title: _____ First Name: _____ Family Name: _____

Name of Practice: _____

Practice : Solo Group Others (please specify): _____

Are you currently practicing Aesthetic Medicine? Yes (Please specify number of years): _____
 No

Address: _____

City: _____ Zip Code: _____ Country: _____

Name & Title to be Printed on Certificate: _____

Medical License Number: _____ Country Issued: _____

Mobile Number: _____ Fax: _____

Email: _____

AAAM Membership Number: _____ AAAM Membership Expiry Date: _____

How did you learn about our course: Internet
 Brochures
 Friends
 Advertisement (please specify): _____
 Others (please specify): _____

Would you like to bring a patient for Workshop: Yes No

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Hair Transplantation Course	AAAM Member	Non Member	Sub Total Cost (US\$)
For Medical Doctors 16 – 18 July 2012 (3 full day course) ❖ Doctors are advised to enroll their nurse/surgical assistant to undergo the training on Hair Graft Dissection and Placement	US\$5,900	US\$6,100	
For Nurses/Doctor's Assistants/Hair Technicians 16 – 18 July 2012 (3 full day course) ❖ If attending with a doctor ❖ If attending without a doctor	- -	US\$900 US\$1100	
Registration Fees include: 1. Scientific sessions & workshops 2. Luncheons during the course as stipulated in the course program 3. Products/materials used for workshops & hands-on training 4. Certificate endorsed by AAAM 5. Lecture Notes ^ excludes airfare and hotel accommodation	Grand Total (US\$)		

AAAM Membership (for Medical Doctors only)

- US\$175 per person per year (renewable after expiry)
- Membership Application may be completed online at: 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"

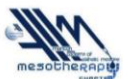
Please courier bank draft to:

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

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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.

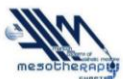
Hotel Accommodation in Kuala Lumpur

For information in hotel accommodation , please contact:

Tel : +65 63959418

Email: asiaaesthetic@ezyhealth.com

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