



American Academy of Aesthetic Medicine
Level 3 Board Certification in Aesthetic Medicine
16 November 2018
Sydney, Australia
Registration Form
Fax to: (65) 3157 5062 or Email: asiaaesthetic@ezyhealth.com

ELIGIBILITY:

- a) Completion of AAAM Level 1 and 2 courses required
- b) Minimum 6 months interval required after completing Level 2 Course

Salutation: _____ First Name: _____ Family Name: _____

Name of Clinic/ 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: _____
Please enter your name here EXACTLY as it should appear on your 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): _____

Special Dietary Requirements None
 Vegetarian
 Others (please specify): _____

We apologize in the event your dietary requirements could not be met by food caterer



Course	AAAM Member	Non Member	Total (USD)
Level 3 Board Certification Exam in Aesthetic Medicine	USD 3,300	USD 3,500	
Registration Fee include: 1. Morning Teabreak and Luncheon 2. Board Certificate in Aesthetic Medicine endorsed by AAAM® upon passing both Written & Oral Exams ^ excludes airfare and hotel accommodation	Grand Total (USD)		

AAAM Membership

- US\$175 + US\$25 admin fee 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 Transfer (TT). Please remit in USD currency to below account (kindly add US\$50 to cover both sides' bank charges):

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

Please indicate your name as reference in your bank transfer application

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 and Course Enquiries:

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Singapore
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Email: asiaaesthetic@ezyhealth.com