

# ASLMS 2027 REGISTRATION

Attendees who reserve a room at the [ASLMS host hotel](#) will receive a \$385 reduced registration rate.

(Room confirmation numbers will be verified)

First Name (Given) \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name (Family) \_\_\_\_\_ Credentials (i.e., MD, PhD, RN) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Region \_\_\_\_\_

Pronouns (optional) \_\_\_\_\_ State/Region \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Name/Contact \_\_\_\_\_

Registrant Email \_\_\_\_\_ Administrative/CC Email \_\_\_\_\_

Company \_\_\_\_\_ ASLMS Hotel Reservation number: \_\_\_\_\_

Check all that apply: ☐ ASLMS Member | ☐ Non-Member | ☐ Early Career (student/resident) | ☐ Press

Category that you BEST fit under: ☐ Physician | ☐ Scientist/Researcher | ☐ Nursing/Allied Health | ☐ Industry

Primary Area of Interest \_\_\_\_\_

Are you a first-time ASLMS Conference attendee? ☐ Yes | ☐ No

Are you an international collaborator with ASLMS? ☐ Yes | ☐ No

If yes, what organization are you a member of: \_\_\_\_\_

For more information on international partnerships, please visit our website: [Collaborating Societies - ASLMS](#)

How did you hear about the event?

☐ Advertisement | ☐ Email | ☐ Word of Mouth | ☐ News Article | ☐ Website | ☐ Direct Mail | ☐ Journal | ☐ Other: \_\_\_\_\_

Primary reason for attending?

☐ CME/CE Credit | ☐ Education/Knowledge | ☐ Networking | ☐ Product Knowledge/Make a Purchase | ☐ Building Professional Relationships | ☐ I am Speaking | ☐ I Never Miss ASLMS!

Please select ONE of the following that describes your organization:

☐ Private Practice | ☐ Educational Institution | ☐ Public Hospital | ☐ Med Spa | ☐ Other: \_\_\_\_\_

What is your primary role in purchasing decisions for products and services needed for your organization?

☐ Allocate budget (decide how much to spend on devices, products, and services) | ☐ Provide information to others in the organization | ☐ Specify product requirements | ☐ Recommend solutions | ☐ Make the final decision | ☐ I am not involved in purchasing decisions for my organization

What is your organization's annual budget for device, product, and service purchases?

☐ \$10,000 or less | ☐ \$10,001 to \$50,000 | ☐ \$50,001 to \$100,000 | ☐ \$100,001 to \$250,000 | ☐ \$250,001 to \$500,000 | ☐ \$500,001 to \$750,000 | ☐ \$750,001 to \$999,999 | ☐ \$1 million + | ☐ I don't know

What is your specialty?

☐ Dermatology | ☐ Aesthetics | ☐ Plastic/Cosmetic Surgery | ☐ Research | ☐ Family Medicine | ☐ General Surgery | ☐ Otolaryngology | ☐ Internal Medicine | ☐ Laser Safety | ☐ OB/GYN | ☐ Other: \_\_\_\_\_

ASLMS emphasizes the significance of contacts with our industry partners. Your connections can lead to valuable collaborations and opportunities. How would you like to be contacted by our sponsors/exhibitors?

☐ Email | ☐ Mail | ☐ I do not wish to be contacted.

To help us properly plan our menus and ensure that all ASLMS attendees' culinary needs are met, please email [aslmsevents@aslms.org](mailto:aslmsevents@aslms.org) if you have any dietary restrictions.

# ASLMS 2027 REGISTRATION

**All attendees are required to sign the ASLMS Guidelines on Participant Conduct for Educational Activities and Special Events, as well as an Acknowledgment of Personal Responsibility waiver.**

ASLMS [Guidelines on Participant Conduct for Educational Activities and Special Events](#). This covers, but is not limited to, basic behavior and etiquette for all ASLMS events, as well as information on copyright and content protection, educational materials and handouts, disclosures, discrimination, and harassment, and how your personal information is handled.

To view the [Statement of Personal Responsibility](#). This covers, but is not limited to, information regarding health and safety protocols for in-person events, including vaccination or negative COVID-19 testing requirements, as well as masking and social distancing guidelines.

I have read and agree to the terms highlighted in the Guidelines on Participant Conduct for Educational Activities, Special Events, and the Acknowledgment of Personal Responsibility Waiver. I confirm that my hotel reservation discount is accurate. I represent that the information I have entered above to receive the \$385 hotel reservation discount is accurate. I acknowledge and agree that if I improperly claim the discount or cancel my hotel reservation, the \$385 USD amount will be added to my registration by ASLMS. ASLMS Staff will notify me by email of the charge. I authorize ASLMS to use my payment method on file to process any such charges

☐ Yes, I Agree

Please indicate whether you accept ASLMS texting you about upcoming membership information, events, and other important updates. Note: By checking this box, you consent to receive text messages for notifications and alerts from ASLMS. Reply STOP to opt out. Reply HELP for help. Message and data rates may apply. Message frequency may vary. This option does not replace the ASLMS Annual Conference App. ☐ **Yes, I Agree** Mobile Number: \_\_\_\_\_

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Reserve a room at the [ASLMS host hotel](#) and save an additional \$385 off your conference registration:

- Include your unique hotel reservation confirmation number in your registration. Confirmations will be verified. Registrants who do not provide the unique reservation confirmation number when registering and still receive the \$385 discount will be invoiced by ASLMS and will be responsible for any unpaid charges before a badge is issued.

Save up to \$1,100\* - [Join ASLMS today and receive member pricing!](#)

- Register for the Full Conference as an ASLMS member before the early bird deadline and provide your hotel reservation confirmation to receive the best rate.
- U.S. Government / Military Members – Eligible for a 25% discount with a valid ID and government/military email address. Please contact the [ASLMS Central Office](#) for more details.

Special Accommodations:

- Please email the [ASLMS Central](#) office at or visit the registration desk if someone is assisting you or providing special accommodations during the Annual Conference.

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The Society does not discriminate on the basis of race, color, religion, national origin, age, disability, or sexual orientation in any aspect of its operations, including, but not limited to, the provision of services, membership on the Society's governing board or committees, and attendance at or participation in the Society's programs, grant selection, meetings, and events.

Privacy Policy - Demographic information collected from the questions on this registration form is used for aggregate reporting purposes. To see the full ASLMS Privacy Policy, please visit: [aslms.org/privacy-policy](https://aslms.org/privacy-policy).

NOTE: By providing your mailing address, email address, and telephone number, you consent to receive communications sent by or on behalf of ASLMS via regular mail, email, or telephone.

# ASLMS 2027 REGISTRATION

## Pre-Conference Course | Fundamentals and Laser Safety: Core Principles for Clinical Applications | Wednesday, April 14, 2027

Purchase separately. Does not include Conference or Exhibit Hall. Register early as space is limited.

This course is intended for medical professionals looking to advance their knowledge of lasers, light, and energy-based devices. Participants will solidify their understanding of the core principles of device technology, safety, endpoints, and best clinical practices. Attendees will learn from leading experts in the field and gain confidence in performing laser and energy-based procedures.

| TYPE                           | MEMBER/APPLICANTS | NON-MEMBERS | STUDENTS / RESIDENTS/FELLOWS** | TOTAL |
|--------------------------------|-------------------|-------------|--------------------------------|-------|
| On or before March 17, 2027    | \$849             | \$1,649     | \$525                          | \$    |
| Late   March 18, 2027 - Onsite | \$1,061           | \$2,061     | \$656                          | \$    |

## Full Conference | April 15 – April 18, 2027

Includes Exhibit Hall, iASLMS (April 14), workshops, plenary sessions, abstract sessions, and evening events. Does not include Fundamentals pre-conference course.

On-demand conference recordings included. An upgrade to claim CME credits for recordings (purchased separately) is available for members only.

| TYPE                                     | MEMBER/APPLICANTS         |                             | NON-MEMBERS               |                             | STUDENTS / RESIDENTS/FELLOWS** |                             | TOTAL |
|------------------------------------------|---------------------------|-----------------------------|---------------------------|-----------------------------|--------------------------------|-----------------------------|-------|
|                                          | With Host Hotel Discount* | Without Host Hotel Discount | With Host Hotel Discount* | Without Host Hotel Discount | With Host Hotel Discount*      | Without Host Hotel Discount |       |
| Early Bird   On or Before March 17, 2027 | \$899                     | \$1,284                     | \$1,999                   | \$2,384                     | \$499                          | \$884                       | \$    |
| March 18 – April 12, 2027                | \$1,499                   | \$1,884                     | \$2,299                   | \$2,684                     | \$624                          | \$1,009                     | \$    |
| Late   April 13, 2026 - Onsite           | \$1,559                   | \$1,944                     | \$2,359                   | \$2,744                     | \$649                          | \$1,034                     | \$    |

## On-Demand Recordings (CME Upgrade)

Full conference badges include on-demand recordings. ASLMS members, to claim CME credit for these recordings, add the upgrade below.

| TYPE                                                                          | MEMBER/APPLICANTS | NON-MEMBERS | STUDENTS / RESIDENTS/FELLOWS** | TOTAL |
|-------------------------------------------------------------------------------|-------------------|-------------|--------------------------------|-------|
| On-demand Recordings CME Upgrade available with Full Conference registration. | \$249             | n/a         | \$249                          | \$    |

Purchase by April 18, 2027, to secure pricing.

Recordings do not include the Fundamentals and Laser Safety: Core Principles for Clinical Applications pre-conference course, iASLMS, Tech Connect, Emerging Devices, ASLMS Business Meeting, or Industry Exhibit Hall Presentations.

## One-Day Pass | April 15, 16, 17, 18, 2027

Includes the Exhibit Hall, iASLMS (April 14), lunch, workshops, plenary sessions, abstract sessions, and evening events scheduled for the registered day.

Does not include any on-demand recordings or the Fundamentals pre-conference course.

| TYPE                                     | MEMBER/APPLICANTS         |                             | NON-MEMBERS               |                             | STUDENTS / RESIDENTS/FELLOWS** |                             | TOTAL |
|------------------------------------------|---------------------------|-----------------------------|---------------------------|-----------------------------|--------------------------------|-----------------------------|-------|
|                                          | With Host Hotel Discount* | Without Host Hotel Discount | With Host Hotel Discount* | Without Host Hotel Discount | With Host Hotel Discount*      | Without Host Hotel Discount |       |
| Early Bird   On or Before March 17, 2027 | \$539                     | \$770                       | \$1,199                   | \$1,430                     | \$299                          | \$684                       | \$    |
| March 18 – April 12, 2027                | \$899                     | \$1,130                     | \$1,379                   | \$1,610                     | \$374                          | \$759                       | \$    |
| Late   April 13, 2027 - Onsite           | \$935                     | \$1,166                     | \$1,415                   | \$1,646                     | \$389                          | \$774                       | \$    |

|                                                                                                                                                                           |                                                                                             |  |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--|----|
| Make check payable to ASLMS<br>Send completed form and payment to<br>American Society for Laser Medicine<br>and Surgery (ASLMS)   PO Box 1501<br>Green Bay, WI 54305-1501 | SUBTOTAL                                                                                    |  | \$ |
|                                                                                                                                                                           | LESS APPLICABLE DISCOUNT/PROMOTION CODES (GOVERNMENT/MILITARY)<br>SEE NEXT PAGE FOR DETAILS |  | \$ |
|                                                                                                                                                                           | TOTAL                                                                                       |  | \$ |

# ASLMS 2027 REGISTRATION

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|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Payment must be made in U.S. dollars only and drawn on a U.S. bank.</p> | <p><b>PAYMENT BY CREDIT CARD</b><br/> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express<br/>         Credit Card # _____<br/>         Expiration Date _____ Billing Address Zip Code _____<br/>         Authorized Signature _____</p> |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Additional Fees/Badges

| TYPE                                                                                                                                                                         | FEE                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Attendee/Exhibitor Badge Reprint<br>(All attendees, exhibitors, and press must wear badges during the Annual Conference. If a badge is lost, a reprint fee will be charged.) | \$250                                                                                                                                                               |
| Press Badge                                                                                                                                                                  | Please contact the ASLMS Office to register in advance. Credentials required.<br><a href="#">See Press Credentials and Guidelines.</a>                              |
| Registration Cancellation                                                                                                                                                    | If you cancel your registration, a \$250 service charge will be deducted from your refund through March 9, 2027. NO REFUNDS ON OR AFTER March 10, 2027.             |
| Special Accommodations                                                                                                                                                       | Please email the <a href="#">ASLMS Central Office</a> or visit the registration desk if you need assistance or special accommodations during the Annual Conference. |

## Reduced Registration Rates:

U.S. Government / Military Members – Eligible for a 25% discount with a valid ID and government/military email address. Please contact the ASLMS office for more information.

\*Attendees staying at an [ASLMS host hotel](#) receive a \$385 discount towards their registration. Must provide confirmation number at the time of registration.

\*\*Students attending the full conference are welcome to apply for a scholarship. For more information on Student Educational Scholarships, visit the registration website or email the [ASLMS Central Office](#). One scholarship, including Abstract Presenter Scholarships, can be redeemed by the attendee.

Attendee registrations are non-transferable. Exhibitor badges are eligible for transfer until April 9, 2027, at no additional cost. On or after this date, badge transfers must be done on-site at the registration desk. Beginning April 9, 2027, a \$50 USD processing fee will be applied to each transfer of an exhibitor representative badge.

- All forms received after **April 12, 2027**, will be charged the onsite registration rates. Confirmation will be emailed to you.
- I confirm that my hotel reservation discount is accurate. If I cancel my hotel reservation, I understand that ASLMS will update my registration to reflect the difference, and I will be subject to paying the updated invoice.
- In the event you cancel your registration through March 9, 2027, a service charge of \$250 will be deducted from your refund.
- **NO REFUNDS ON OR AFTER March 10, 2027**
- Questions: Contact the [ASLMS Central Office](#) via email or by phone 715-845-9283 / 877-258-6028