

THE AESTHETIC CRUISE 2026

July 23rd – August 2nd 2026



First Name:	Last Name:	Cred:
Street Address:		City:
State:	ZIP/Postal:	Country:
Phone:		Mobile:
Email:	Spouse/Accompanying Guest Name: (To be provided on attendee roster only to aid networking)	

For your convenience, members may register online at:
TheAestheticCruise.org
All others must submit this form with documentation as requested.

	Within 30 Days of Booking Cabin	30 Days After Booking Cabin	
Aesthetic Society Active Member, Associate Member, International Active Member, & International Associate Member	\$1,550	\$1,750	\$ _____
Guest Plastic Surgeon	\$1,825	\$2,195	\$ _____
LIFE, Aesthetic Care Team, AlliedPro	\$700	\$700	\$ _____
Resident / Fellow	\$500	\$600	\$ _____
		Total:	\$ _____

The meeting sponsors are not responsible for cancellations/itinerary changes, etc. determined by Oceania and therefore will not be liable for travel expenses or penalties incurred as a result of these changes or under any circumstances.

Consult your tax advisor for specific taxable details and/or consequences.

By registering for this event: You will be receiving additional communications about this event. Non-EU/UK registrants will also be receiving information about future events and/or products and services.

For EU/UK Registrants: Pursuant to GDPR, do you wish to receive information about future events and/or products and services? ☐ Yes ☐ No

ATTENDANCE AGREEMENT

By registering for The Aesthetic Cruise 2026, I agree to the following:

- Disclose Relevant Commercial/Financial Relationships - I will disclose my relationships prior to asking questions in any educational session.
- No Friends and Family. I will not allow any individual to participate in my place.
- No Photographs. I will not photograph, record, or take any screen captures of the presentations.
- PHI Confidentiality. I will hold in strictest confidence any protected health information revealed.
- Assumption of Risk. I accept and assume all risks of my in-person participation, including the risk of injury or contracting an infectious disease.

☐ **Required for attendance:** By checking this box, I certify that I have read and I accept this Attendance Agreement.

☐ **By Checking this box,** I agree to have my name and email shared with fellow cruise attendees.

PAYMENT: ☐ MasterCard ☐ Visa ☐ American Express ☐ Check Payable to: **The Aesthetic Society** (US Funds ONLY) is enclosed

Account #: _____ Exp. Date: _____ Billing Zip Code: _____

Cardholder Name: _____ Signature: _____

SEND TO:

The Aesthetic Society • 11262 Monarch St, Garden Grove, CA 92841, USA • Fax: 562.799.1098 • Phone: 562.799.2356 • registrar@theaestheticsociety.org

PLEASE ALLOW 10 BUSINESS DAYS FOR AN EMAIL ACKNOWLEDGEMENT

Should you cancel your cabin prior to June 1st 2026, you will be refunded minus \$150 administrative fee. No refunds after June 1st 2026.