

The Aesthetic Society®

Traveling Professor Request Form

Institution Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Phone: _____ E-mail: _____

Is this the same address you would like resident packets sent to? If not, please provide an alternate address:

Preferred Date of Visit: _____ Location: _____

List your preference for a Traveling Professor:

First Choice: _____ Topic: _____

Second Choice: _____ Topic: _____

Third Choice: _____ Topic: _____

How many residents will be attending the presentation? (Minimum of 10 is Required) ____

Will this visit be held in conjunction with a regional society meeting? ☐ Yes ☐ No

Regional Societies: Approval for a Traveling Professor visit to your meeting will be given only if arrangements are made for the Professor to meet with residents at a local "approved" plastic surgery residency program immediately preceding or following your meeting OR, your regional society organizes a specific separate event for residents attending the regional meeting, to meet with the Traveling Professor.

If yes, which society? _____

Contact Name: _____

Phone: _____ E-mail: _____

Please provide any other pertinent information (i.e. preferred days of the week, grand round schedule, etc.):

INSTRUCTIONS:

1. Complete this form and submit via email to Val Murchison at val@theaestheticsociety.org
2. You will be notified as soon as possible about the approval of your request and the availability of a Traveling Professor.
3. Once approved, you will put in contact with the Traveling Professor directly to make all final arrangements.