Raise Cash for Research
5K Fun Run/Walk

Saturday, April 17, 2027
6:30 AM
Solei Beach Club, Kimpton Surfcomber Hotel
171 Collins Avenue, Miami Beach, FL 33139

Please select one of the following:

☐ Company Participation – We will have _____ representatives participating in the Fun Run/Walk (complete next page).

☐ Individual Participation – One company representative will participate in the Fun Run/Walk. (complete next page).

☐ We will donate but will not participate in the Fun Run/Walk.

Company or Individual Participant Name: _____

Address, City, State, Zip: _____

Telephone: _____ **Email:** _____

Pricing:
Company Participation: $415 (unlimited number of participants)
Individual Participation: $130 per participant
Donation: at your discretion

Total Amount Due: $ _____ **Full payment is required with application. Method of Payment – Please check one:**

☐ ACH Payments - (must include reference: **FUNRUN2027** in payment description). Email completed Bank ACH transaction receipt: **erika@asaps.org**

Bank Name: JPMorgan Chase Bank, N/A
Routing Number: 322271627
Account Name: The Aesthetic Foundation
Account Number: 3891578137

☐ Check - All checks must be made out in US Dollars, made payable to The Aesthetic Foundation, and be mailed to: The Aesthetic Foundation, 11262 Monarch Street, Garden Grove, CA 92841

☐ Credit Card Please charge the full amount to: ☐ Mastercard ☐ Visa ☐ American Express

Credit Card # _____ **Expiration Date:** _____

Name of Cardholder: _____ **Billing Zip Code:** _____

Contracts will not be processed without payment. Return completed agreement form via email to **erika@asaps.org** or fax to 212.921.0011. Deadline: February 1, 2027.

Cancellations and or No Shows
All cancellations must be sent via email to **erika@asaps.org**. Cancellation policies are as follows: There will be a 25% administrative fee of the total cost for ALL refunds/cancellations. Any cancellation received after January 31, 2027, or no shows to the Fun Run, will not be refunded.

☐ I have read the Cancellation and No-Show information and my company representatives and or I agree to adhere to this policy.

Signature: _____ **Date:** _____

FOR AESTHETIC FOUNDATION USE ONLY

Exhibitor ID#	Cost:	Received by The Aesthetic Foundation:

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Names of Runners

Company or Individual Participant Name: _____

	Full Name of Runner(s)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Return to erika@asaps.org