



# American Academy of Micropigmentation

Permanent Makeup Fall Conference  
September 13th – 16<sup>th</sup>, 2018  
Sheraton Dallas Hotel, Dallas, TX

## REGISTRATION FORM

The *American Academy of Micropigmentation* Conference is open to *all* practitioners.

AAM membership is not required but is *strongly* encouraged in order to receive the many benefits, such as: The AAM Connection Newsletter, discounts on participating vendors and entrance fees to classes and workshops. Membership opportunities will be available at the conference or by visiting our website: [micropigmentation.org](http://micropigmentation.org)

AAM members will receive a \$50 discount off of their registration.

Attendees must acknowledge by completing this form that only the registered vendors may sell or promote products or services exclusively within the vendor room and vendor lecture room. No procedures may be conducted within the hotel and no pre-convention classes may be offered.

See registration form below:

**Fax or email your charge information to:**

(856) 727-1428 or [info@micropigmentation.org](mailto:info@micropigmentation.org)

**Or Mail your form with credit card information, check or money order to:**

AAM Convention  
2000 Academy Drive  
Suite 300  
Mt. Laurel, NJ 08054  
Phone: (888) 302-3482

**AAM Spring Convention Hotel Reservations:**

Sheraton Dallas Hotel, Dallas, TX  
Phone: 844-220-8534  
Online Link: [American Academy of Micropigmentation 2018 Fall Convention](#)  
Discounted rate: \$155 (Thurs.-Sun.) per night

*If you are interested in sharing a room, please indicate this on the registration form and we will make every effort to try to pair you with a fellow practitioner.*

**PRACTITIONER REGISTRATION (Print or Type Clearly)**

Convention Registration Fee includes: Continental breakfasts, lectures, and vendor room admission for Friday, September 14<sup>th</sup> and Saturday, September 15<sup>th</sup>  
(Gala Dinner and Workshops are **NOT** included in general admission).

**General Admission**

_ Registration	\$399.00
_ AAM Member Discount	(\$50.00)
_ Early Bird Discount: Register by <b>April 30<sup>th</sup></b>	(\$25.00)
	<b>Total: [\$_____]</b>

**\*\* Registration fee day of the event will be \$499.00\*\***

_ Instructor Education- Thursday, September 13 <sup>th</sup> (3-hours) (Email Primary Training Certificate)	\$299.99
_ AAM Board Exam- Thursday, September 13 <sup>th</sup> (Must send credentials-See Website)	\$250.00
_ Study Guide (Pre-Order Required)	\$60.00

**\*\*\*Pre-Registration is required for all Board Exam Members and CMI Exams\*\*\***

_ Gala Networking Event- Friday September 14 <sup>th</sup> Evening (Attendee)	\$90.00/person
	<b>Total: [\$_____]</b>

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**Workshops (Sunday, September 16<sup>th</sup> 2-hour duration):** \$199.00 each

- \_\_\_ Scar Camouflage and Removal \*\*- Ron Hendon
- \_\_\_ Microblade Brows- Aleksandra Maniuse
- \_\_\_ Scalp Micropigmentation \*\*- Oscar Gomez

\*\* Please note you will need to bring your own machine and needles\*\*

**Total: [\$\_\_\_\_\_]**

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**GUEST PACKET:** Includes social media lecture and vendor room ONLY.

_ Guest Name: (Must accompany registered attendee) _____	\$80.00/person
_ Friday Evening Gala	\$90.00/person

**Total: [\$\_\_\_\_\_]**

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**TOTAL AMOUNT: [\$\_\_\_\_\_]**

**MEMBER ATTENDEE INFORMATION: (Please Print)**

Name of Attendee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

- Where did you hear about this convention? \_\_\_\_\_
- Are you a member? (yes or no)
- Are you interested in sharing a room at the conference? (Yes or No)
- Male or Female? (M or F)
- If yes, do you have any roommate restrictions? \_\_\_\_\_

**CANCELLATION POLICY:**

A refund less an \$80 processing fee will be made upon written cancellation prior to August 1<sup>st</sup>, 2018. Personal checks will NOT be accepted after September 1<sup>st</sup>, 2018. For further information call (888) 302-3482.

**CHARGE CARD INFORMATION**

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ American Express \_\_\_\_ Discover

**Account Number:** \_\_\_\_\_

**CV:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_/\_\_\_\_\_  
**Billing Zip code:** \_\_\_\_\_

**Name:** \_\_\_\_\_ (AS IT APPEARS ON CARD)

**Amount:** \$ \_\_\_\_\_ **Signature:** \_\_\_\_\_