

American Academy of Micropigmentation

Permanent Makeup Fall Conference September 13th – 16th, 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

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

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

PRACTITIONER REGISTRATION (Print or Type Clearly)

Convention Registration Fee includes: Continental breakfasts, lectures, and vendor room admission for Friday, September 14th and Saturday, September 15th (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 April 30 th	(\$25.00)
	Total: [\$]
** Registration fee day of the event will be \$499.00**	
_ Instructor Education- Thursday, September 13 th (5-hours) (Email Primary Training Certificate	e) \$299.99
_ AAM Board Exam & CMI Exam - Thursday, September 13 th (Credentials Required- See Webs	ite) \$250.00
_ Study Guide (Pre-Order Required)	\$60.00
Pre-Registration is required for all Board Exam Members and CMI Ex	ams
_ Gala Networking Event- Friday September 14 th Evening (Attendee)	\$90.00/person
	Total: [\$]
Workshops (Sunday, September 16 th 2-hour duration):	·
Workshops (Sunday, September 16 th 2-hour duration): Scar Camouflage and Removal **- Ron Hendon	Total: [\$]
	Total: [\$]
Scar Camouflage and Removal **- Ron Hendon	Total: [\$]
Scar Camouflage and Removal **- Ron Hendon Microblade Brows- Aleksandra Maniuse	Total: [\$] \$199.00 each
Scar Camouflage and Removal **- Ron Hendon Microblade Brows- Aleksandra Maniuse Scalp Micropigmentation **- Oscar Gomez	Total: [\$]
Scar Camouflage and Removal **- Ron Hendon Microblade Brows- Aleksandra Maniuse Scalp Micropigmentation **- Oscar Gomez	Total: [\$] \$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: [\$] \$199.00 each Total: [\$]
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** GUEST PACKET: Includes social media lecture and vendor room ONLY.	Total: [\$] \$199.00 each Total: [\$]

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 co 	onference? (Yes or	No)	
Male or Female? (M or F)			
If yes, do you have any roommate restrictions	s?		_
CAN	CELLATION BOLICY.		
	CELLATION POLICY:	ion prior to Avenue 1 st 2010). Davisanal abasika
A refund less an \$80 processing fee will be made up			
will NOT be accepted after September 2	1 , 2018. For furthe	r information call (888) 302-	3482.
CHARGE CARD INFORMATION			
VisaMasterCard	American Ex	xpressDiscover	
Account Number:			
CV:/_	Billing 2	Zip code:	
Name:		(AS IT APPEARS ON CAR	(D)
Amount: \$ Signature:			