



Mail To: **Florida Society of Plastic Surgeons, Inc.**
6300 Sagewood Dr. Suite H255, Park City, UT 84098

Fax To: **(435) 429-6600**

Phone number: **(435) 602-1326**

Scan and email to Ashley: **aryberg@hdplanit.com**

Member Name: _____ Phone Number: _____

Billing Address: _____

City, ST, Zip: _____

E-mail: _____

In order for FSPS Dues to be processed the dues survey MUST accompany your payment.
Please charge the following Credit Card: (If you choose the installment options below **PLEASE NOTE** these may be paid by check or credit card. Indicate which installment plan you would like to use. If paying by check include 2 checks with future dates for deposit. If you choose the installment to be paid by credit card, your card will be charged the first payment when received and the next payment on the 1st of the month you pick.) Installments must be paid in full by 3/1/2023.

2023 FSPS Dues - \$850.00 (Total amount at once)

OR 2023 FSPS Dues **INSTALLMENTS** for total payment of \$850

2 payments of \$425.00 each, in the months of _____ & _____

Visa

MasterCard

American Express

Card Number: _____ Exp. _____ CVV2 _____

Name as it appears on card (Please Print Clearly): _____

*Cardholder acknowledges receipt of services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer. *

Signature: _____

Date: _____