

9th International

Monday, May 1, 2006

7:30am - 10:00am

Main Session: Rhinoplasty

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

2.5 credit hours
_____ Hours if less than above

Print Name: _____

Signature _____



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**Monday, May 1, 2006
11:00am - 12:00pm**

**Main Session: Reconstructive
Issues**

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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Paper Session I

Monday, May 1, 2006

11:00am - 12:00pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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Paper Session 2

Monday, May 1, 2006

11:00am - 12:00pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

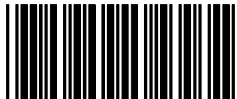
Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



2938

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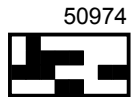
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Paper Session 3

Monday, May 1, 2006

11:00am - 12:00pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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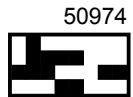
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Paper Session 4

Monday, May 1, 2006

11:00am - 12:00pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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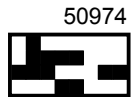
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Paper Session 5

Monday, May 1, 2006

11:00am - 12:00pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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Monday, May 1, 2006

1:00pm - 1:50pm

FLO 1: The Twisted Nose

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

1 credit hour
____ Hours if less than above

Print Name: _____

Signature _____



2942

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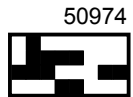
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Monday, May 1, 2006

FLO 2/8: Recon of Nasal Defects

1:00pm - 2:50pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

2 credit hours
_____ Hours if less than above

Print Name: _____

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**Monday, May 1, 2006
1:00pm - 1:50pm**

**FLO 3: Anatomical Approach to
Bleph**

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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Monday, May 1, 2006

1:00pm - 1:50pm

FLO 4: How to Choose Consultant

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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**Monday, May 1, 2006
1:00pm - 2:50pm**

**FLO 5/11: Tips/Tricks of Inj and
Fillers**

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

2 credit hours

____ Hours if less than above

Print Name: _____

Signature _____



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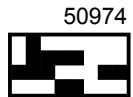
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Monday, May 1, 2006

FLO 6: Optimum Mobility Facelift

1:00pm - 1:50pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

1 credit hour
_____ Hours if less than above

Print Name: _____

Signature _____



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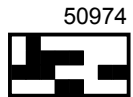
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**Monday, May 1, 2006
2:00pm - 2:50pm**

FLO 7: Saddle Nose Deformity

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

1 credit hour
_____ Hours if less than above

Print Name: _____

Signature _____



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Monday, May 1, 2006

2:00pm - 2:50pm

FLO 9: Fat Conservation Bleph

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

1 credit hour
_____ Hours if less than above

Print Name: _____

Signature _____



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FLO 10: Otoplasty

**Monday, May 1, 2006
2:00pm - 2:50pm**

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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**Monday, May 1, 2006
2:00pm - 2:50pm**

FLO 12: Ethnic Skin Rejuvenation

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

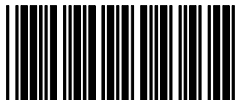
Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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Monday, May 1, 2006

FLO 13: Asian Rhinoplasty

3:30pm - 4:20pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

1 credit hour
_____ Hours if less than above

Print Name: _____

Signature _____



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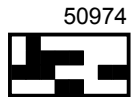
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Monday, May 1, 2006

3:30pm - 5:20pm

**FLO 14/20: Eyelid/Periorbital
Recon**

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

2 credit hours

____ Hours if less than above

Print Name: _____

Signature _____



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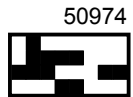
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Comments:



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Monday, May 1, 2006

FLO 15: Endo Periorbital Rejuve

3:30pm - 4:20pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

1 credit hour
_____ Hours if less than above

Print Name: _____

Signature _____



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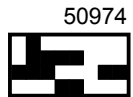
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Monday, May 1, 2006

3:30pm - 4:20pm

FLO 16: Hypertrophic Scars/Keloids

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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Comments:



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Monday, May 1, 2006

FLO 17: Dev Multi-Spec Practice

3:30pm - 4:20pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

1 credit hour
_____ Hours if less than above

Print Name: _____

Signature _____



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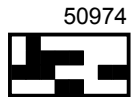
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Comments:



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Monday, May 1, 2006

FLO 18: Ethics in FPS

3:30pm - 4:20pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

1 credit hour
____ Hours if less than above

Print Name: _____

Signature _____



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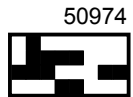
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Monday, May 1, 2006

FLO 19: Secondary Rhinoplasty

4:30pm - 5:20pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

1 credit hour
_____ Hours if less than above

Print Name: _____

Signature _____



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Monday, May 1, 2006

FLO 21: Alloplastic Facial Contour

4:30pm - 5:20pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



2959

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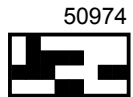
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50974





Comments:



9th International

**Monday, May 1, 2006
4:30pm - 5:20pm**

**FLO 22: Laser Treatment of Vasc
Lesions**

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



2960

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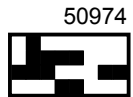
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Comments:



9th International

**Monday, May 1, 2006
4:30pm - 5:20pm**

**FLO 23: Rhinoplasty:Pers
Approach**

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Please rate content of this session:

Please rate effectiveness of speakers/panelists:

Please rate the appropriateness of session format:

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

Very well.....Not well

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



2961

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Comments:



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9th International

Monday, May 1, 2006

FLO 24: Midface/ Lower Lid Rejuv

4:30pm - 5:20pm

Please rate how well the stated learning objectives were met: Refer to onsite program for specific objectives:

Very well.....Not well

1 2 3 4 5

Please rate content of this session:

1 2 3 4 5

Please rate effectiveness of speakers/panelists:

1 2 3 4 5

Please rate the appropriateness of session format:

1 2 3 4 5

Did you at any point become aware of a commercial relationship that was not disclosed prior to the presentation?

Yes No

This session was approved for the indicated number of Cat 1 CME credits. Please claim only the amount of time spent in the activity:

1 credit hour
_____ Hours if less than above

Print Name: _____

Signature _____



2962

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Comments:



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