

9th International

Tuesday, May 2, 2006

8:00am - 10:30am

**Main Session: Soft Tissue Aug
and Facial Skin Rej**

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

2.5 credit hours

____ Hours if less than above

Print Name: _____

Signature _____



2963

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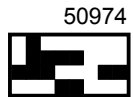
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Comments:



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Tuesday, May 2, 2006

Keynote Presentations

11:00am - 1:00pm

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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**Tuesday, May 2, 2006
2:00pm - 2:50pm**

**FLO 25: Photorejev with
Photodynamic Therapy**

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 _____



2965

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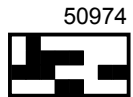
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**Tuesday, May 2, 2006
2:00pm - 2:50pm**

**FLO 26: Tissue Sealants/Post Op
Pearls**

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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**Tuesday, May 2, 2006
2:00pm - 2:50pm**

**FLO 27: Manage Nasal Tip
Projection**

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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**Tuesday, May 2, 2006
2:00pm - 2:50pm**

**FLO 28: Malarplasty and Solid
Implants**

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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Tuesday, May 2, 2006

FLO 29: Business Systems

2:00pm - 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:

1 credit hour
____ Hours if less than above

Print Name: _____

Signature _____



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Tuesday, May 2, 2006

FLO 30: Head and Neck Recon

2:00pm - 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:

1 credit hour
_____ Hours if less than above

Print Name: _____

Signature _____



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Tuesday, May 2, 2006

3:00pm - 3:50

FLO 31: Radiofrequency Options

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:

Print Name: _____

Signature _____

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



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Tuesday, May 2, 2006

3:00pm - 3:50

**FLO 32: Mandibular Contour
w/Implants**

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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Tuesday, May 2, 2006

FLO 33: FESS and Rhinoplasty

3:00pm - 3:50

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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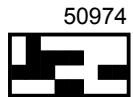
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Tuesday, May 2, 2006

3:00pm - 3:50

FLO 34: Alt to Correct Mid-face Ptosis

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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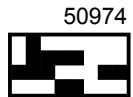
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Tuesday, May 2, 2006

3:00pm - 3:50

FLO 35: Mgmt of Facial Hemangiomas

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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Tuesday, May 2, 2006

3:00pm - 3:50

FLO 36: Medical Blog and Podcast

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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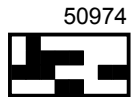
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Tuesday, May 2, 2006

4:30pm - 5:20pm

FLO 37: My Favorite 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

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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**Tuesday, May 2, 2006
4:30pm - 5:20pm**

**FLO 38: Concepts/Less Inv Facial
Rejuv**

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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Tuesday, May 2, 2006

4:30pm - 5:20pm

FLO 39: Managing Nasal Length

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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**Tuesday, May 2, 2006
4:30pm - 5:20pm**

**FLO 40: Incorporating Personal
Coach**

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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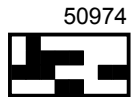
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**Tuesday, May 2, 2006
4:30pm - 6:20pm**

**FLO 41: Wound Healing
Modulators**

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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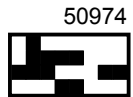
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Tuesday, May 2, 2006
4:30pm - 5:20pm

FLO 42: Complications in Rhinoplasty

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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Tuesday, May 2, 2006

5:30pm - 6:20pm

FLO 43: Fat Inj for Facial Rejuv

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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**Tuesday, May 2, 2006
5:30pm - 6:20pm**

**FLO 44: Recon/Facial Cutaneous
Defects**

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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Tuesday, May 2, 2006

FLO 45: Hair Restoration, Part 1

5:30pm - 6:20pm

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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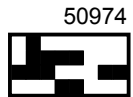
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Tuesday, May 2, 2006

**FLO 46 New Techs/Endo Brow
Lifting**

5:30pm - 6:20pm

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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Tuesday, May 2, 2006

5:30pm - 6:20pm

**FLO 48: Light or RF Skin
Remodeling**

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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?

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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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