

9th International

Wednesday, May 3, 2006

8:00am - 10:30am

**Main Session: Periorbital
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

2.5 credit hours

____ Hours if less than above

Print Name: _____

Signature _____



2988

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Comments:



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Wednesday, May 3, 2006

Main Session: Rhinology

11:00am - 12:00pm

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:

1 credit hour
_____ Hours if less than above

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Paper Session 6

Wednesday, May 3, 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 _____



2990

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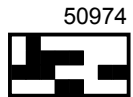
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Paper Session 7

Wednesday, May 3, 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 _____



2991

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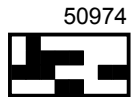
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Paper Session 8

Wednesday, May 3, 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 9

Wednesday, May 3, 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 _____



2993

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Paper Session 10

Wednesday, May 3, 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 _____



2994

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Wednesday, May 3, 2006

FLO 49: Brow & Midface Rejuv

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 _____



2995

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Wednesday, May 3, 2006

FLO 50: Facial Trauma Update

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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Wednesday, May 3, 2006

FLO 51: Septoplasty & Septal Perf

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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Wednesday, May 3, 2006

1:00pm - 1:50pm

FLO 52: Sculptural Rejuv of the Face

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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9th International

Wednesday, May 3, 2006

FLO 53: Hair Restoration, Part 2

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 _____



2999

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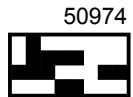
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FLO 54: Facial Flaps

Wednesday, May 3, 2006

1:00pm - 1:50pm

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 _____



3000

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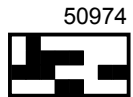
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**Wednesday, May 3, 2006
2:00pm - 2:50pm**

**FLO 55: Managing the Asian
Nose**

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 _____



3001

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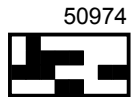
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Comments:



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Wednesday, May 3, 2006

FLO 56: Upper & Lower Bleph

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 _____



3002

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**Wednesday, May 3, 2006
2:00pm - 2:50pm**

**FLO 57: Congenital Nasal
Deformities**

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 _____



3003

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Comments:



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Wednesday, May 3, 2006

FLO 58: Human Resources

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 _____



3004

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Comments:



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9th International

Wednesday, May 3, 2006

2:00pm - 2:50pm

FLO 59: What's Hot: The New Inj

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 _____



3005

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**Wednesday, May 3, 2006
2:00pm - 2:50pm**

FLO 60: Min Inv "Extreme Makeover"

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 _____



3006

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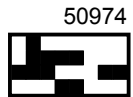
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Wednesday, May 3, 2006

3:30pm - 4:20pm

FLO 61: Management of the Turbinate

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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Wednesday, May 3, 2006

3:30pm - 4:20pm

**FLO 62: Craniofacial
Anomalies/Cleft Lip**

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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**Wednesday, May 3, 2006
3:30pm - 4:20pm**

FLO 63: Volumetric Rejuv of the Orbit

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 _____



3009

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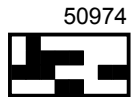
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Comments:



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Wednesday, May 3, 2006

FLO 64: Secondary Facelifts

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?

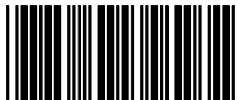
Yes No

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 _____



3010

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Comments:



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Wednesday, May 3, 2006

FLO 65: Desinger Lips

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?

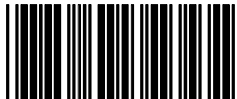
Yes No

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 _____



3011

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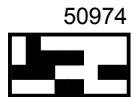
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Comments:



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Wednesday, May 3, 2006

3:30pm - 5:20pm

**FLO 66/72: Suture Suspension
Tech**

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

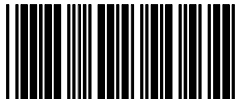
Yes No

2 credit hours

____ Hours if less than above

Print Name: _____

Signature _____



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Comments:



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9th International

Wednesday, May 3, 2006

FLO 67 Traumatic Nasal Deformity

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?

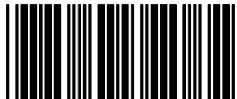
Yes No

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 _____



3013

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Comments:



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9th International

Wednesday, May 3, 2006
4:30pm - 5:20pm

FLO 68: Blepharoplasty in the Asian

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

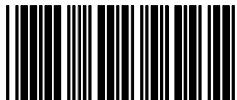
Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



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Comments:



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9th International

Wednesday, May 3, 2006

FLO 69: Nasal Tip Surgery

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 _____



3015

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Comments:



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9th International

Wednesday, May 3, 2006

4:30pm - 5:20pm

FLO 70: New Const/Amb Sur Ctr Mod

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

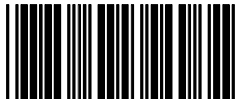
Yes No

1 credit hour

____ Hours if less than above

Print Name: _____

Signature _____



3016

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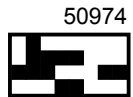
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Comments:



9th International

Wednesday, May 3, 2006

FLO 71: Mgnt of the Nasal Valve

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?

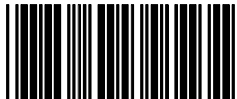
Yes No

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 _____



3017

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Comments:



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