Aesthetic Facial Surgery of Male Patients: Demographics and Market Trends

J. David Holcomb, M.D.¹ and Richard D. Gentile, M.D.²

ABSTRACT

Evaluation of member survey data from the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS) and the American Society for Aesthetic Plastic Surgery (ASAPS) from 2000 through 2004 reveals several procedure-specific as well as overall trends regarding utilization of aesthetic facial enhancement services. This gender-specific 5-year retrospective review indicates that males undergo significantly fewer procedures than females except for surgical hair restoration and otoplasty. There is a slight general trend toward decreased surgical but increased nonsurgical facial enhancement procedures. On a case per physician basis, AAFPRS physicians performed significantly more procedures for both males and females for every procedure and every year evaluated. Evaluation of age group data indicates that the 40- to 59-year-old age group accounts for the majority of surgical and nonsurgical facial enhancement requests. Despite anticipated growth of the 60- to 79-year-old age group, the 40- to 59-year-old age group is projected to remain relatively stable. Although continuing to pursue aesthetic facial enhancement services in significant numbers, men still represent a vast untapped market. This study yields important demographic and trend information that has implications for the current and future delivery of aesthetic facial enhancement services.

KEYWORDS: Male, aesthetic, surgery, demographic

The first episode of ABC TV’s Extreme Makeover aired in December 2002. This and similar plastic surgery “reality” television programs briefly enjoyed immense popularity, glamorized our specialty, and provided certain insights into the process that patients and doctors must navigate to achieve their appearance enhancement goals. Although many of these programs have been cancelled in the wake of falling ratings, plastic surgery has nonetheless become a regular and popular topic of everyday conversation as society has become more open about the subject and its merits. The benefits that often accrue to individuals who undergo aesthetic plastic surgery cannot be refuted. As a reliable means of improving upon nature or limiting the visible effects of aging, plastic surgery has for some become a normal and even necessary part of life.

Although media coverage and reality television certainly contributed to heightened interest in plastic surgery in recent years, numbers of patients electing to undergo surgical and nonsurgical facial enhancement procedures did not necessarily experience an “extreme makeover” bounce. In fact, comparison of data from 2000 and 2004 (see following) reveals generally decreased surgical but increased nonsurgical facial enhancement procedures in males and females. Although historically considered to account for the minority of
aesthetic surgery requests, males actually account for similar or greater numbers of requests for a limited number of aesthetic procedures. Despite a downward trend in aesthetic facial surgery procedures, AAFPRS member surveys reveal a significant and rising trend of patients undergoing multiple surgeries at the same time or within the same year. It has been the authors’ experience that males are as likely as females to request multiple procedures. Figure 1 shows one such example of a male patient who underwent multiple simultaneous aesthetic facial plastic surgery procedures. It is also noteworthy that the number of aesthetic body enhancement surgery procedures increased year over year during the same interval reviewed herein (2000 to 2004).

The 40 to 59 age group (gender neutral) accounts for the largest percentage of services rendered in both the surgical and nonsurgical facial enhancement categories (see following). This age group constitutes the current age span of the “baby boomer” generation, which includes individuals born between 1946 and 1964. The baby boomer generation has been described as having significant discretionary income and the willingness to spend money on personal luxury items such as aesthetic surgery. As this generation continues to age, maintenance of appearance is likely to remain a priority. In addition, the greatest transfer of wealth in history is set to occur as members of this generation exit this world. This may in turn positively affect the ability and/or willingness of the next generation to pursue similar luxuries.

Notwithstanding economic issues, numerous other factors also influence the decision to use discretionary income for aesthetic enhancement. According to the most recent AAFPRS member survey, reasons cited by individuals seeking aesthetic enhancement include desire to improve self-image, look/feel better, look younger, look less tired, and improve appearance as well as work-related reasons, desire to maintain competitiveness, and dislike of a specific feature. In addition, relationships played a significant role with reasons for cosmetic surgery including younger spouse, divorce, dating, remarriage, and single status. In this chapter we review data from several organizations (American Academy of Facial Plastic and

Figure 1  Male patient who underwent multiple simultaneous aesthetic facial surgery procedures including midforehead browlift, upper eyelid lift, lower eyelid lift, face and neck lift, and direct excision melolabial fold.
Reconstructive Surgery [AAFPRS] and American Society for Aesthetic Plastic Surgery [ASAPS]) regarding delivery of surgical and nonsurgical facial enhancement procedures. Data from the AAFPRS and ASAPS member surveys were used to generate gender-specific 5-year retrospective trend information for numerous surgical and nonsurgical facial enhancement procedures. In addition, data from the AAFPRS member surveys were used to determine surgical and nonsurgical facial enhancement procedure utilization by age group. Finally, United States Census Bureau data were used to plot likely population trends as the youngest of the baby boomer generation near retirement age.

Data from the American Academy of Cosmetic Surgery (AACS) and the American Society of Plastic Surgeons (ASPS) were excluded because of potential significant overlap with other specialty society data. Certain data from ASPS and ASAPS were excluded because of inaccuracies inherent in the data collection and extrapolation process. The extrapolated data attempted to estimate gross numbers of various procedures performed by more than 23,000 physicians across three specialties (dermatology, plastic surgery, and otolaryngology–head and neck surgery). When reviewing these data, it became apparent that meaningful comparisons of procedures performed per physician from these extrapolated data would not be possible because large numbers of physicians in each specialty surveyed obviously do not perform certain procedures.

**FACIAL ENHANCEMENT TRENDS**

**Cheek Augmentation**

Review of AAFPRS and ASAPS member survey data indicates that significantly more females than males underwent cheek implant procedures for each year beginning with 2000 and ending with 2004 (Fig. 2). In addition, a trend toward decreased cheek implant procedures was apparent for both males and females. On a case per physician basis, AAFPRS physicians performed significantly more cheek implant procedures for both males and females for every year evaluated (no cheek implant data for 2003 from AAFPRS).

**Chin Augmentation**

Review of AAFPRS and ASAPS member survey data indicates that significantly more females than males underwent chin implant procedures for each year beginning with 2000 and ending with 2004 (Fig. 3). In addition, a trend toward decreased chin implant procedures was apparent for both males and females. On a case per physician basis, AAFPRS physicians performed significantly more chin implant procedures for both males and females for every year evaluated.
Blepharoplasty
Review of AAFPRS and ASAPS member survey data indicates that significantly more females than males underwent eyelid surgery procedures for each year beginning with 2000 and ending with 2004 (Fig. 4). In addition, a trend toward decreased eyelid surgery procedures was apparent for both males and females. On a case per physician basis, AAFPRS physicians performed significantly more eyelid surgery procedures for both males and females for every year evaluated.

Rhytidectomy
Review of AAFPRS and ASAPS member survey data indicates that significantly more females than males underwent facelift procedures for each year beginning with 2000 and ending with 2004 (Fig. 5). In addition, the number of facelift procedures varied very little except for a moderate decrease among females in 2002. On a case per physician basis, AAFPRS physicians performed significantly more facelift procedures for both males and females for every year evaluated.

Forehead Lift
Review of AAFPRS and ASAPS member survey data indicates that significantly more females than males underwent forehead lift surgery procedures for each year beginning with 2000 and ending with 2004 (Fig. 6). In addition, the number of forehead lift procedures varied slightly in 2002 and 2003 while otherwise exhibiting very little change (less than 10%).
in other years. On a case per physician basis, AAFPRS physicians performed significantly more forehead lift procedures for both males and females for every year evaluated.

**Surgical Hair Restoration**
Review of AAFPRS and ASAPS member survey data indicates that significantly more males than females underwent hair restoration surgery procedures for each year beginning with 2000 and ending with 2004 (Fig. 7). In addition, a trend toward decreased hair restoration surgery procedures in males and females is evident following sharp increases in 2001. On a case per physician basis, AAFPRS physicians performed significantly more hair restoration surgery procedures for both males and females for every year evaluated.

**Laser Skin Resurfacing**
Review of AAFPRS and ASAPS member survey data indicates that significantly more females than males underwent laser skin resurfacing procedures for each year beginning with 2000 and ending with 2004 (Fig. 8). In addition, a slight trend toward increased laser skin resurfacing procedures was evident in females. On a case per physician basis, AAFPRS physicians performed significantly more laser skin resurfacing procedures for both males and females for every year evaluated.

**Surgical Lip Enhancement**
Review of AAFPRS and ASAPS member survey data indicates that significantly more females than males underwent surgical lip enhancement procedures for each year beginning with 2000 and ending with 2004 (Fig. 9). In addition, a trend toward increased surgical lip enhancement procedures was evident in females while the opposite was true in males. On a case per physician basis, AAFPRS physicians performed significantly more surgical lip enhancement procedures for both males and females for every year evaluated.

**Otoplasty**
Review of AAFPRS and ASAPS member survey data indicates that similar numbers of females and males underwent otoplasty procedures for each year beginning with 2000 and ending with 2004 (Fig. 10). In addition, no clear upward or downward trend for procedures performed was evident in males or in females. On a case per physician basis, AAFPRS physicians performed significantly more otoplasty procedures for both males and females for every year evaluated.
Rhinoplasty
Review of AAFPRS and ASAPS member survey data indicates that greater numbers of females than males underwent rhinoplasty procedures for each year beginning with 2000 and ending with 2004 (Fig. 11). In addition, a trend toward decreased rhinoplasty procedures was more evident in males than in females. On a case per physician basis, AAFPRS physicians performed significantly more rhinoplasty procedures for both males and females for every year evaluated.

Chemical Peels
Review of AAFPRS and ASAPS member survey data indicates that greater numbers of females than males underwent chemical peel procedures for each year beginning with 2000 and ending with 2004 (Fig. 12). In addition, an upward trend was evident for females but no clear trend was evident for males. On a case per physician basis, AAFPRS physicians performed significantly more chemical peel procedures for both males and females for every year evaluated.

Botox Cosmetic Injection
Review of AAFPRS and ASAPS member survey data indicates that greater numbers of females than males underwent Botox Cosmetic injection for each year beginning with 2000 and ending with 2004 (Fig. 13). In
addition, an upward trend was evident for both males and females. On a case per physician basis, AAFPRS physicians performed significantly more Botox Cosmetic procedures for both males and females for every year evaluated.

**PROCEDURE GROWTH (CONTRACTION) 2004 VERSUS 2000**

Data from the AAFPRS and ASAPS member surveys indicate an upward trend for males seeking hair restoration procedures and Botox Cosmetic treatments while the trend for the remainder of the procedures reviewed is either flat or downward (Fig. 14). The current trend analysis suggests that numbers of surgical procedures may be declining as a result of greater utilization of noninvasive alternatives. However, certain surgical procedures may decline as other more modern techniques begin to take hold, for example, decrease in cheek augmentation procedures as more physicians perform midface lifts or increase use of filler materials, or both. It is again noteworthy that during the same period, nonfacial aesthetic plastic surgery procedures have seen significant upward trends.

**UTILIZATION OF SURGICAL VERSUS NONSURGICAL FACIAL ENHANCEMENT SERVICES BY AGE**

Patients' age is certainly another significant factor with regard to utilization of surgical and nonsurgical facial enhancement services. The 40- to 59-year-old age group...
that also currently represents the baby boomer generation exhibits the highest utilization of both surgical and nonsurgical facial enhancement services among adults older than 20 years (Fig. 15). The 60- to 79-year-old age group is the second most likely to pursue surgical and third most likely to pursue nonsurgical forms of facial enhancement. The 20- to 39-year-old age group is the second most likely to pursue nonsurgical and third most likely to pursue surgical forms of facial enhancement. The 80+-year-old age group is the least likely to utilize surgical or nonsurgical facial enhancement services among adults older than 20 years.

U.S. (ANTICIPATED) POPULATION GROWTH BY AGE GROUP

Understanding population trends can provide further insight into the future of aesthetic surgery and, in particular, aging face surgery. As the last of the baby boomer generation approaches retirement age over the next 20 years, there will be a massive expansion of the 60- to 79-year-old age group (Fig. 16). During the same time period, the 40- to 59-year-old age group will contract slightly and the 20- to 39-year-old age group will grow by about 10 million persons. The 80+-year-old age group will also expand by nearly 50% during this time period. Because the 40- to 59- and 60- to 79-year-old age groups account for utilization of approximately 80% of surgical facial enhancement services, it is clear that demand for aesthetic facial surgery should remain high for many years.

CONCLUSIONS

The implications of this review extend beyond mere benchmarking among individual physicians or physician groups. Nonetheless, the results of this very simple comparison of procedures performed by two groups of physicians that provide aesthetic facial surgery services cannot be ignored. Based on published data from both AAFPRS and ASAPS member surveys for the past 5 years, it is clear that AAFPRS physicians typically perform significantly more aesthetic facial plastic surgery procedures in both males and females for all procedures evaluated. This overwhelming trend indicates that AAFPRS member physicians are highly sought after for their expertise and focused approach to delivery of aesthetic plastic surgery services of the face, head, and neck.

If numbers of many of the typical facial enhancement procedures have seemingly peaked, market share may become an increasing concern for individual...
physicians. Population data from the United States Census Bureau, however, forecast a stable base of 40- to 59-year-olds and continuous expansion of 60- to 79-year-olds, the two age groups that have recently accounted for the majority of aesthetic facial surgery requests, over the next 20 years. If the number of providers also increases, physicians may need to improve marketing efforts to maintain status quo. In addition, delivery of nonsurgical forms of aesthetic enhancement is likely to play an increasingly important role because many nonsurgical aesthetic enhancement patients may ultimately elect to undergo aesthetic surgery.

Men and women do not exhibit identical trends with regard to utilization of aesthetic surgical facial enhancement services. In 2005, AAFPRS member survey data indicated that the top five surgical procedures for men included hair transplantation, rhinoplasty, eyelid surgery, scar revision, and facelift, whereas the top five surgical procedures for women included eyelid surgery, rhinoplasty, facelift, laser skin resurfacing, and forehead lift. Each year, more men than women undergo hair restoration surgery and similar numbers of men and women undergo otoplasty procedures while more women than men undergo all other surgical and nonsurgical aesthetic facial enhancement procedures. Over the past 5 years, men and women have followed similar upward trends for Botox Cosmetic treatments and similar downward trends for eyelid surgery. Men have otherwise seen sharper decreases in several procedures including cheek implants, rhinoplasty, and surgical lip enhancement. For laser skin resurfacing, men exhibited a slight downward trend while the opposite was true for women.

Despite the recent downward trends, men are still undergoing many facial enhancement procedures in significant numbers. In addition, men are increasingly requesting nonsurgical facial enhancement procedures such as Botox Cosmetic and filler injections. In our view, the historical gender gap in delivery of aesthetic facial enhancement services means that men continue to represent a largely untapped segment of this market. Drawing further from this market segment may require continued evolution of men’s attitudes toward self-improvement and a more dedicated and targeted approach to marketing these services to men.

Although a helpful review that has further delineated market trends, this review also draws attention to the paucity of detailed data regarding surgical and nonsurgical treatments and the corresponding need for enhanced collection of data to help identify emerging trends. This expanded data pool can then also be used to improve benchmarking as well as to facilitate education of patients regarding various procedures.

REFERENCES

Author Query Form (FPS/00560)

Special Instructions: Author please write responses to queries directly on proofs and then return back.

Q1: The reference 1 "American Academy of Facial Plastic and Reconstructive Surgery, 2001" is not cited in the text. Please add an in-text citation or delete the reference.

Q2: The reference 2 "American Academy of Facial Plastic and Reconstructive Surgery, 2002" is not cited in the text. Please add an in-text citation or delete the reference.

Q3: The reference 3 "American Academy of Facial Plastic and Reconstructive Surgery, 2003" is not cited in the text. Please add an in-text citation or delete the reference.

Q4: The reference 4 "American Academy of Facial Plastic and Reconstructive Surgery, 2004" is not cited in the text. Please add an in-text citation or delete the reference.

Q5: The reference 5 "American Academy of Facial Plastic and Reconstructive Surgery, 2004" is not cited in the text. Please add an in-text citation or delete the reference.

Q6: The reference 6 "American Society for Aesthetic Plastic Surgery, 2000" is not cited in the text. Please add an in-text citation or delete the reference.

Q7: The reference 7 "American Society for Aesthetic Plastic Surgery, 2001" is not cited in the text. Please add an in-text citation or delete the reference.

Q8: The reference 8 "American Society for Aesthetic Plastic Surgery, 2002" is not cited in the text. Please add an in-text citation or delete the reference.

Q9: The reference 9 "American Society for Aesthetic Plastic Surgery, 2003" is not cited in the text. Please add an in-text citation or delete the reference.

Q10: The reference 10 "American Society for Aesthetic Plastic Surgery, 2004" is not cited in the text. Please add an in-text citation or delete the reference.

Q11: The reference 11 "U.S. Census Bureau, 1999" is not cited in the text. Please add an in-text citation or delete the reference.
Instructions to Contributors

Dear Contributor:

Enclosed in this document please find the page proofs, copyright transfer agreement (CTA), and offprint order form for your article in the Facial Plastic Surgery, Volume 21, Number 4, 2005. Please print this document and complete and return the CTA and offprint form, along with corrected proofs, within 72 hours.

1) Please read proofs carefully for typographical and factual errors only; mark corrections in the margins of the proofs in pencil. Answer (on the proofs) all editor’s queries written in the margins of the proofs. Check references for accuracy. Please check on the bottom of the 1st page of your article that your titles and affiliations are correct. Avoid elective changes, as these are costly and time consuming and will be made at the publisher’s discretion.

2) Please pay particular attention to the proper placement of figures, tables, and legends. Please provide copies of any formal letters of permission that you have obtained.

3) Please return the corrected proofs, signed copyright transfer agreement, and your offprint order form, with the black and white or color prints of figures, if you received any.

4) As a contributor to this journal you will receive one copy of the journal, at no charge.

   • If you wish to order offprints, please circle the quantity required (left column) and the number of pages in your article. If you wish to order additional copies of the journal please enter the number of copies on the indicated line.

   • If you do not want to order offprints or journals simply put a slash through the form, but please return the form.

Please send all materials back via overnight mail, within 72 hours of receipt, to:

Erik Wenskus
Thieme Medical Publishers
333 Seventh Avenue, 5th Floor
New York, NY 10001
Phone: 212-584-4683
Fax: 212-584-4681
E-mail: ewenskus@thieme.com

Please do not return your materials to the editor, or the compositor.

Please note: Due to a tight schedule, if the publisher does not receive the return of your article within 7 days of the mail date (from the compositor), the publisher reserves the right to proceed with publication without author changes. Such proofs will be proofread by the editor and the publisher.

Thank you for your contribution to this journal.
Erik Wenskus, Production Editor, Journal Production Department
Thieme Medical Publishers, Inc.
Thieme Medical Publishers, Inc. (the “Publisher”) will be pleased to publish your article (the “Work”) entitled _____________________________ in the Facial Plastic Surgery, Volume 21, Number 4, 2005.

The undersigned Author(s) hereby assigns to the Publisher all rights to the Work of any kind, including those rights protected by the United States Copyright laws.

The Author(s) will be given permission by the Publisher, upon written request, to use all or part of the Work for scholarly or academic purposes, provided lawful copyright notice is given.

If the Work, subsequent to publication, cannot be reproduced and delivered to the Author(s) by the publisher within 60 days of a written request, the Author(s) is given permission to reprint the Work without further request.

The Publisher may grant third parties permission to reproduce all or part of the Work. The Author(s) will be notified as a matter of courtesy, not as a matter of contract. Lawful notice of copyright always will be given.

Check appropriate box below and affix signature.

[ ] I Sign for and accept responsibility for transferring copyright of this article to Thieme Medical Publishers, Inc. on behalf of any and all authors.

Author’s full name, degrees, professional title, affiliation, and complete address:

__________________________________ ____________________________
Author’s printed name, degrees Professional title

__________________________________ ____________________________

Complete professional address

__________________________________ Date
Author’s signature

[ ] I prepared this article as part of my official duties as an employee of the United States Federal Government. Therefore, I am unable to transfer rights to Thieme Medical Publishers, Inc.

__________________________________ Date
Author’s signature
Order Form for Offprints and additional copies of the Facial Plastics Surgery  
(Effective October 2005)

Please circle the cost of the quantity/page count you require (orders must be in increments of 100)

<table>
<thead>
<tr>
<th>Quantity</th>
<th>1 to 4</th>
<th>5 to 8</th>
<th>9 to 12</th>
<th>13 to 16</th>
<th>17 to 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>$198</td>
<td>$317</td>
<td>$440</td>
<td>$578</td>
<td>$693</td>
</tr>
<tr>
<td>200</td>
<td>$277</td>
<td>$444</td>
<td>$615</td>
<td>$809</td>
<td>$970</td>
</tr>
<tr>
<td>300</td>
<td>$356</td>
<td>$570</td>
<td>$791</td>
<td>$1,041</td>
<td>$1,247</td>
</tr>
<tr>
<td>400</td>
<td>$396</td>
<td>$634</td>
<td>$879</td>
<td>$1,156</td>
<td>$1,386</td>
</tr>
<tr>
<td>500</td>
<td>$446</td>
<td>$713</td>
<td>$989</td>
<td>$1,301</td>
<td>$1,559</td>
</tr>
<tr>
<td>1000</td>
<td>$792</td>
<td>$1,267</td>
<td>$1,758</td>
<td>$2,313</td>
<td>$2,772</td>
</tr>
</tbody>
</table>

Volume/Issue #: Page Range (of your article): ____________________________

Article Title: _______________________________________________________

MC/Visa/AmEx No: _______________________________________________ Exp. Date: ____________________________

Signature: _________________________________________________________

Name: ____________________________________________________________

Address: _________________________________________________________

City/State/Zip/Country: ___________________________________________

Corresponding author will receive one complimentary copy of the issue in which the manuscript is published.  
Number of additional copies of the journal, at the discounted rate of $20.00 each: ____________________________

Notes
1. The above costs are valid only for orders received before publication of the issue. Please return the completed form, even if your institution intends to send a Purchase Order (the P.O. may sometimes be supplied after the issue has been printed).

2. Orders from outside the U.S. must be accompanied by payment.

3. A shipping charge will be added to the above costs.

4. Reprints are printed on the same coated paper as the journal and side-stapled.

5. For larger quantities or late orders, please contact reprints dept.  
   Phone: +1(212) 584-4662  
   Fax: +1(212) 947-1112  
   E-mail: reprints@thieme.com

As an added benefit to all contributing authors, a discount is offered on all Thieme books.  
See below for details or go to www.thieme.com
As a **Thieme author** you are entitled to a **25% discount** for new books and a **35% discount** for **forthcoming** books.

We selected two books that might be of interest for you:

### new!

**25%**

**Cosmetic Surgery of the Asian Face**

Second Edition
John A. McCurdy Jr., MD, FACS, Assistant Clinical Professor of Surgery, John A. Burns School of Medicine, University of Hawaii, Honolulu; and Samuel Lam, MD, Director, Lam Facial Plastic Surgery Center and the Willow Bend Wellness Center, Plano, Texas

Written by highly experienced practitioners, **Cosmetic Surgery of the Asian Face, Second Edition** presents state-of-the-art surgical techniques for the Asian face. For all plastic and cosmetic surgeons working with Asian patients, this book is both a key reference and a practical, step-by-step guide covering all the latest procedures not previously available from one source.

**Order your copy now! With 25% Author-Discount!!**

2005/320 pp., 700 illus., hardcover, ISBN 1-58890-218-8, **$99.95**  **$74.96**

### forthcoming!

**35%**

**Atlas of Microsurgery of the Temporal Bone and Lateral Skull Base**

Second Edition
Mario Sanna, MD Professor of Otolaryngology, Dept. of Head and Neck Surgery, University of Chieti, Italy

This full-color atlas presents step-by-step approaches to managing the temporal bone and lateral skull base. Microsurgical procedures are illustrated by images of more than 350 cadaver specimens, providing insights into the extradural and intradural areas, including cerebral vessels and nerves.

**Reserve your copy now! With 35% Author-Discount!!**

April 2006
376 pp., 930 illus., hardcover, ISBN 1-58890-011-8, **$169.95**  **$110.47**

---

If you want to view more Thieme books, feel free to visit **Thieme Surgery Books**

**Thieme Author order form**

For faster service, call TOLL-FREE 1-800-782-3488 or fax this order form to 212-947-1112

<table>
<thead>
<tr>
<th>Quantity</th>
<th>ISBN (last 4-digits only)</th>
<th>Author/Title</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subtotal:

Shipping & Handling (Add $7.50 for the first book and $1.00 for each additional book):

NY and PA residents add applicable sales tax:

TOTAL:

Enclosed is my check for $____________________

Charge my:  [ ] AMEX  [ ] MasterCard  [ ] VISA  [ ] Discover

Card# ____________________________ Exp. ____________________________

First Name ______________________ MI ______ Last Name ______________________

Address ________________________________________________________________

City/State/Zip ____________________________

Telephone __________________ FAX __________________

e-mail ____________________________________________

Signature ____________________________