



AAI Instructional DVD's

Order Form (prices good through October 30, 2008)

FAX TO: 800-517-7819 ATTN: Rita Wilson or call: (678) 570-2930

BOTOX® Cosmetic for Total Facial Enhancement

Running Time: 41 minutes

Detailed high resolution photography to enhance patient interviews, assessments, injection techniques and post-treatment outcomes.

Treatment areas covered:

- Glabellar Frown Lines
- Chemical Browlift
- Horizontal Forehead Lines
- Crows Feet
- Lower Eyelid Hypertrophy
- Bunny Lines
- Perioral Lip Lines
- Down-Turned Mouth
- Mental Crease/Peau D' Orange Chin
- Vertical Cording/Platysmal Bands
- Horizontal Necklace Lines

Cost: \$175.00

(Discounted price of \$155 for AAI clients or AAI website members)

Current Concepts and Treatments with Dermal Fillers

Running Time: 43 minutes

With high resolution photography, this video provides detailed instruction on a variety of dermal fillers being used for comprehensive facial enhancement. Nerve block techniques are also described and clearly demonstrated. Layering of different dermal fillers for specific indications and various injection techniques are explained and shown.

Cost: \$175.00

(Discounted price of \$155 for AAI clients or AAI website members)

Comprehensive Two DVD Set

Cost: \$295.00 (you save \$55!)

(Discounted price of \$255 for AAI clients or AAI website members)

Credit Card Authorization

We accept **Visa & MasterCard**, Company Check or Personal Check

We will take American Express, however a 3% surcharge will be assessed.

If you prefer to pay by check, please mail to: AAI - 831 Auburn Road, Suite 120-302, Dacula, Georgia 30019

FAX: 800-517-7819

BOTOX® Cosmetic DVD	QTY _____	\$175 each Client/Members: \$155 ea	\$_____ total price
Dermal Fillers DVD	QTY _____	\$175 each Client/Members: \$155 ea	\$_____ total price
TWO DVD SET	QTY _____	\$295 each set Client/Members: \$255/set	\$_____ total price

+ 6% Sales Tax

Client/Member Name: _____

Shipping \$10 per order

Total: _____

Name on Credit Card: (Print) _____

Credit Card #: _____

Expiration Date: _____

Security # (last 3 Digits found on the back of the card)

Amex will be 4 digits on front of card _____

Billing Address: (include City, ST & Zip)	Shipping Address: (include City, ST & Zip)
_____	_____
_____	_____

Phone #: _____

Authorized Signature: _____ Date: _____

Print Name: _____