



**Advance Registration Form
AEROSPACE MEDICAL ASSOCIATION
91st ANNUAL SCIENTIFIC MEETING**



ATLANTA, GA

MAY 17 – MAY 22, 2020

- **Early Bird Registration runs January 1 – 31 (Mail registrations must be postmarked with a January date)**
- **Advance Registration runs February 1 - May 16.**
- **NO CANCELLATIONS OR REFUNDS AFTER MAY 12. A \$50 ADMINISTRATIVE FEE IS APPLIED TO ALL CANCELLATIONS**

WE STRONGLY ENCOURAGE ONLINE REGISTRATION:

<https://www.asma.org/scientific-meetings/asma-annual-scientific-meeting/registration>

You **MUST** be an active member of AsMA in order to register at the member fee. **Registration fee does not include membership dues.**
Fax registration form with credit card information to: (703) 739-9652

Name	Degree/Credentials		
Organization	Title		
Street Address	City	State/Country	Zip/Mail Code
Email	Telephone Number	Cell Phone Number	Fax Number

Please indicate if this is an address change to your AsMA Membership Record

First time attendee, or new member? YES NO Special dietary requirement: _____

If you are being funded by the U.S. DoD please indicate Branch: Army Navy Air Force Coast Guard

By registering to attend an Aerospace Medical Association (AsMA) conference, you grant permission to AsMA to take and use your photo in AsMA marketing and promotional pieces for an indefinite period of time. Marketing and promotional pieces include, but are not limited to, printed brochures, reports, postcards, flyers, and materials, as well as online uses such as postings on the AsMA website, online newsletters, and e-mail blasts. AsMA shall own all rights, including copyrights in and to the photos.

You also grant permission to AsMA to use, encode, digitize, transmit, and display the video/audio of your session, presentation, or workshop given at the AsMA conference, singularly or in conjunction with other recordings, as well as to use your name, photograph, biographic information, and ancillary material in connection with such video/audio for commercial, promotional, advertising, and other business purposes. AsMA and its employees are released from any liability arising out of the use of your name, video, photographs, and/or organization name and location.

REGISTRATION FEE	EARLY BIRD [†] 1/1 – 1/31	ADVANCE 2/1 – 5/16	AT-THE-DOOR 5/17-5/22	REGISTRATION FEE REMITTED
<input type="checkbox"/> MEMBER	\$400 [†]	\$525	\$625	
<input type="checkbox"/> NON-MEMBER	\$675 ^{†*}	\$800*	\$900*	
<input type="checkbox"/> NON-MEMBER PRESENTER	\$575 ^{†*}	\$700*	\$800*	
<input type="checkbox"/> RESIDENTS	\$300 [†]	\$375	\$375	
<input type="checkbox"/> STUDENTS	\$75 [†]	\$125	\$125	
<input type="checkbox"/> ALLIED MEMBER/INTERNATIONAL STUDENT	NA	NA	NA	COMPLIMENTARY REGISTRATION
<input type="checkbox"/> FAA-AME SEMINAR [§]	\$300 [†]	\$350	\$350	
REGISTRATION FEE SUBTOTAL →				

***Go to www.asma.org to become a member and take advantage of the reduced registration rates, receive the official Aerospace Medical Association journal, and other membership benefits.**

[†]EARLY BIRD REGISTRATION MUST BE PAID IN FULL (INCLUDING ALL EVENTS AND MEAL FUNCTIONS) AT THE TIME OF REGISTRATION.

[§]FEE COVERS AsMA OVERHEAD COSTS. CME CREDIT FOR THE FAA SEMINAR AND AsMA SESSIONS ATTENDED IS INCLUDED.

(See reverse for workshops & events)

*****NOTE: WORKSHOPS ARE LIMITED *** REGISTER EARLY*****

WORKSHOP DATE/NAME	FEE	Total Fee	
<input type="checkbox"/> Sun., May 17, 8:00 am – 5:00 pm Workshop: "Introduction to Epidemiology" (MAX 75)	\$200		
<input type="checkbox"/> Sun., May 17, 9:00 am – 4:00 pm Workshop: "Aircrew Fatigue" (MAX 75)	\$150		
<input type="checkbox"/> Sun., May 17, 9:00 am – 3:30 pm Workshop: "Aircrew Selection: Test Development, Instrument Validation, Legal Issues, and Aeromedical Standards" (MAX 75)	\$150		
<input type="checkbox"/> Sun., May 17, 12:00 pm – 3:00 pm Workshop: "Aerospace Medicine Faculty Development" (MAX 50)	\$75		
<input type="checkbox"/> Fri., May 22, 8:00 pm – 5:00 pm Offsite Workshop: "Introduction to Aquatic and Undersea Medicine" (MAX 50)	\$200		
EVENTS	# OF TICKETS	FEE PER TICKET	TOTAL FEE
<input type="checkbox"/> Additional Meeting Program (ONLY for AsMA Members who receive their journal by mail)		\$10	
<input type="checkbox"/> Sun., May 17, AsMA Welcome to Atlanta (NOTE: All Attending Event Must Have Tickets)		\$15	
<input type="checkbox"/> Mon., May 18, 6:00 a.m., Richard B. "Dick" Trumbo 5K Fun Run/Walk (advance purchase only)		\$15	
<input type="checkbox"/> Mon., May 6, Aerospace Human Factors Association Luncheon (advance purchase only)		\$50	
<input type="checkbox"/> Mon., May 18, Army Aviation Medical Association Luncheon (advance purchase only)		\$50	
<input type="checkbox"/> Mon., May 18, AsMA Corporate Forum Luncheon (Advance purchase only) (MUST BE A COPORATE MEMBER, EXHIBITOR, OR CORPORATE SPONSOR)		\$0	
<input type="checkbox"/> Mon., May 18, Civil Aviation Medical Association Luncheon (advance purchase only)		\$50	
<input type="checkbox"/> Mon., May 18, Society of USAF Flight Surgeons Luncheon (advance purchase only)		\$50	
<input type="checkbox"/> Mon., May 18, U.S. Navy Luncheon (advance purchase only)		\$50	
<input type="checkbox"/> Mon. May 18, Fellows Dinner (advance purchase only) (MUST BE A FELLOW OR GUEST OF AsMA FELLOW)		\$90	
<input type="checkbox"/> Tues., May 19, Associate Fellows Breakfast		\$50	
<input type="checkbox"/> Tues., May 19, AsMA Annual Business Meeting (advance purchase only) (Free Attendance; Ticket required for meal)		\$50	
<input type="checkbox"/> Tues., May 19, Reception to Honor International Members		\$25	
<input type="checkbox"/> Wed., May 20, Aerospace Nursing & Allied Health Professionals Society Luncheon		\$50	
<input type="checkbox"/> Wed., May 20, Aerospace Physiology Society Luncheon		\$50	
<input type="checkbox"/> Wed., May 20, Iberoamerican Association of Aerospace Medicine Luncheon		\$50	
<input type="checkbox"/> Wed. May 20, Society of NASA Flight Surgeons Luncheon		\$50	
<input type="checkbox"/> Thur., May 21, Space Medicine Association Luncheon		\$50	
<input type="checkbox"/> Thur., May 21, AsMA Honors Night Banquet (Black Tie Optional)		\$90	
SUBTOTAL OF EVENTS			
TOTAL AMOUNT DUE (Registration Fee Subtotal + Workshop + Subtotal of Events)			

PAYMENT MUST ACCOMPANY FORM. ALL PAYMENTS ARE IN U.S. FUNDS.

REGISTRANTS SUBMITTING VIA FAX MUST INCLUDE CREDIT CARD INFORMATION.

PAYMENT METHOD: CHECK Check Number: _____ CREDIT CARD: AMEX DISCOVER MASTERCARD VISA DINERS

Name as it appears on card: (PLEASE PRINT) _____

Credit Card # _____ Exp. Date: _____ Security Code: _____

Street: _____ City: _____ State: _____ Zip/Mail Code: _____

Signature _____ Country: _____

<p>Fax with credit card information to: (703) 739-9652 OR Mail with payment to: Aerospace Medical Association 320 S Henry Street Alexandria, VA 22314-3579</p>
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FAX TO (703) 739-9652. PLEASE REMEMBER TO INCLUDE BOTH SIDES WHEN FAXING.

*****USE ONLY ONE METHOD TO REGISTER*****