

Advance Registration Form

The Aerospace Medical Association's 83rd Annual Scientific Meeting Atlanta 2012 • May 13-17, 2012

Advance registration closes April 29. After April 29 onsite rates will apply!

A \$50 administrative fee is applied to all cancellations.

No cancellations or refunds after April 30.

Spouses who have registered with the Wing and require CME credits may do so at the AsMA Member fee.

We strongly encourage online registration at www.asma.org

Fax with credit card information to:
(703) 739-9652

INFORMATION FOR OUR RECORDS

Name: _____ Degree: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone Number: _____

Fax Number: _____

Email: _____

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

INFORMATION FOR NAME BADGE

(There are only 17 spaces available per line)

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Name

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Military Rank/Affiliation/Organization

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City/State/Country

You **must** be an active member of AsMA in order to register at the member fee. Registration fee does not include membership dues.

Are you a first time attendee, or new member? YES NO

| REGISTRATION FEE | ADVANCE | AT-THE-DOOR | REGISTRATION FEE REMITTED |
|---|-------------|-------------|---------------------------|
| Members..... | \$395 | \$495 | _____ |
| *Non-members | \$595 | \$695 | _____ |
| Non-member Presenter | \$495 | \$595 | _____ |
| Residents | \$300 | \$300 | _____ |
| Students..... | \$100 | \$100 | _____ |
| †FAA-AME Seminar | \$310 | \$310 | _____ |
| Add AMA PRA Category 1 Credits™ below and gain full access to the AsMA meeting and associated CME . | | | |
| Add AMA PRA Category 1 Credits™ | \$125 | \$125 | _____ |
| Add AMA PRA Category 1 Credits™ & MOC | \$175 | \$175 | _____ |
| SUBTOTAL FOR REGISTRATION FEE \$ | | | _____ |

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

†Fee covers AsMA overhead costs. CME credit for the FAA seminar is free.

Payment must accompany form to be advance registered.

(See reverse for events)

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The Aerospace Medical Association's 83rd Annual Scientific Meeting

Atlanta 2012 • May 13-17, 2012

| | EVENTS | TICKET(S) | FEE |
|---|---|-----------|---------------|
| Sun., May 13, | (9:00 am-3:00 pm) Workshop #1 "Aircrew Fatigue" (MAX 75) | No. _____ | @ \$125 _____ |
| Sun., May 13, | (12:00 PM-3:00 pm) Workshop #2 "Aerospace Medicine Faculty Development" | No. _____ | @ \$75 _____ |
| 0. Sun., May 13 | AsMA Welcome to Atlanta (Attendee Free) | No. _____ | FREE _____ |
| 1. Sun., May 13 | AsMA Welcome to Atlanta (Guest \$10) | No. _____ | @ \$10 _____ |
| 2. Mon., May 14 | Civil Aviation Medical Association Luncheon..... | No. _____ | @ \$35 _____ |
| 3. Mon., May 14 | Society of USAF Flight Surgeons Luncheon | No. _____ | @ \$35 _____ |
| 4. Mon., May 14 | U.S. Navy Luncheon | No. _____ | @ \$35 _____ |
| 5. Mon., May 14 | U.S. Army Aviation Medical Association Luncheon | No. _____ | @ \$35 _____ |
| 6. Mon., May 14 | Aerospace Human Factors Association Luncheon | No. _____ | @ \$35 _____ |
| 7. Mon., May 14 | Corporate and Sustaining Affiliate Luncheon..... | No. _____ | @ \$35 _____ |
| 8. Mon., May 14 | Fellows Dinner (MUST BE A FELLOW OR GUEST OF AsMA FELLOW) | No. _____ | @ \$75 _____ |
| 9. Tues., May 15 | Associate Fellows Breakfast | No. _____ | @ \$30 _____ |
| 10. Tues., May 15 | AsMA Annual Business Meeting (Lunch Optional) | No. _____ | @ \$35 _____ |
| 11. Tues., May 15 | Associate Fellows/Fellows Reception | No. _____ | @ \$35 _____ |
| 12. Tues., May 15 | Reception to Honor International Members..... | No. _____ | @ \$20 _____ |
| 13. Wed., May 16 | Aerospace Physiology Society Luncheon | No. _____ | @ \$35 _____ |
| 14. Wed., May 16 | Society of NASA Flight Surgeons Luncheon..... | No. _____ | @ \$35 _____ |
| 15. Wed., May 16 | Aerospace Nursing Society Luncheon | No. _____ | @ \$35 _____ |
| 16. Wed., May 16 | Iberoamerican Association of Aerospace Medicine Luncheon | No. _____ | @ \$35 _____ |
| 17. Thur., May 17 | Space Medicine Association Luncheon | No. _____ | @ \$35 _____ |
| 18. Thur., May 17 | AsMA Honors Night Banquet (BLACK TIE OPTIONAL) | No. _____ | @ \$75 _____ |
| SUBTOTAL EVENTS | | | \$ _____ |
| REGISTRATION (FROM FRONT SIDE) | | | \$ _____ |
| TOTAL AMOUNT DUE | | | \$ _____ |

METHOD OF PAYMENT

CHECK Check Number: _____

AMEX DISCOVER MASTERCARD VISA DINERS

Name as it appears on card: (Please Print) _____

Credit Card #: _____ Expiration Date: _____

Signature: _____

Print Name: _____

Approval (Official use only): _____

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

Payment must accompany form. All payments are in U.S. funds. Registrants submitting via fax must include credit card information. Please remember to include both sides when faxing. **USE ONLY ONE METHOD TO REGISTER.**