

**Advance Registration Form
AEROSPACE MEDICAL ASSOCIATION
87th ANNUAL SCIENTIFIC MEETING**

ATLANTIC CITY, NJ

APRIL 24 - 28, 2016

- **NEW!!!! EARLY BIRD REGISTRATION RUNS JANUARY 1 – JANUARY 31.**
- **ADVANCE REGISTRATION CLOSES APRIL 15. A \$50 ADMINISTRATIVE FEE IS APPLIED TO ALL CANCELLATIONS.**
- **NO CANCELLATIONS OR REFUNDS AFTER APRIL 15.**
- Spouses who have registered with the Wing and require CME credits may do so at the AsMA Member fee.

WE STRONGLY ENCOURAGE ONLINE REGISTRATION: www.asma.org/annual-meetings/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 Code |
| Email | | Telephone 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

| REGISTRATION FEE | EARLY BIRD [*] 1/1 – 1/31 | ADVANCE 2/1 – 4/15 | AT-THE-DOOR 4/16 – 4/28 | REGISTRATION FEE REMITTED |
|---|---------------------------------------|-----------------------|----------------------------|---------------------------|
| <input type="checkbox"/> MEMBER | \$355 | \$430 | \$530 | |
| <input type="checkbox"/> NON-MEMBER | \$630* | \$705* | \$805* | |
| <input type="checkbox"/> NON-MEMBER PRESENTER | \$530* | \$605* | \$705* | |
| <input type="checkbox"/> RESIDENTS | \$275 | \$350 | \$350 | |
| <input type="checkbox"/> STUDENTS | \$50 | \$100 | \$100 | |
| <input type="checkbox"/> \$FAA-AME SEMINAR | \$235 | \$310 | \$310 | |
| *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 | | | | |
| * <u>EARLY BIRD REGISTRATION MUST BE PAID IN FULL (INCLUDING ALL EVENTS AND MEAL FUNCTIONS) AT THE TIME OF REGISTRATION</u> | | | | |
| §FEE COVERS AsMA OVERHEAD COSTS. CME CREDIT FOR THE FAA SEMINAR ONLY IS INCLUDED | | | | |
| ■ Add AMA PRA Cat 1 Credit(s)[™] and MOC | | | | |
| <input type="checkbox"/> Add Member AMA PRA Category 1 Credit(s) [™] | \$150 | \$150 | \$150 | |
| <input type="checkbox"/> Add Non-Member AMA PRA Category 1 Credit(s) [™] | \$200 | \$200 | \$200 | |
| <input type="checkbox"/> Add Member AMA PRA Category 1 Credit(s) [™] & MOC | \$200 | \$200 | \$200 | |
| <input type="checkbox"/> Add Non-Member AMA PRA Category 1 Credit(s) [™] & MOC | \$250 | \$250 | \$250 | |
| SUBTOTAL FOR REGISTRATION FEE → | | | | |

(See reverse for workshops & events)

*****NOTE: WORKSHOPS ARE LIMITED ***ONLY ONE PER ATTENDEE*** REGISTER EARLY*****

| WORKSHOP DATE/NAME | FEE | AMT PAID |
|--|-------|----------|
| <input type="checkbox"/> Sun., April 24, 9:00 am-4:00 pm Workshop #1 "Aircrew Fatigue" (MAX 75) | \$150 | |
| <input type="checkbox"/> Sun., April 24, 9:00 am-5:00 pm Workshop #2 "Introduction to Epidemiology" (MAX 100) | \$200 | |
| <input type="checkbox"/> Sun., April 24, 12:00 pm – 3:00 pm Workshop #3 "Aerospace Medicine Faculty Development (MAX 50) | \$75 | |

| EVENTS | NUMBER OF TICKET(S) | 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., April 24, AsMA Welcome to Atlantic City (NOTE: ALL ATTENDING EVENT MUST HAVE TICKETS) | | \$10 | |
| <input type="checkbox"/> Mon., April 25, 6:00 a.m., Richard B. "Dick" Trumbo 5k Fun Run (advance purchase only) | | \$10 | |
| <input type="checkbox"/> Mon., April 25, Civil Aviation Medical Association Luncheon (advance purchase only) | | \$45 | |
| <input type="checkbox"/> Mon., April 25, Society of USAF Flight Surgeons Luncheon (advance purchase only) | | \$45 | |
| <input type="checkbox"/> Mon., April 25, U.S. Navy Luncheon (advance purchase only) | | \$45 | |
| <input type="checkbox"/> Mon., April 25, U.S. Army Aviation Medical Association Luncheon (advance purchase only) | | \$45 | |
| <input type="checkbox"/> Mon., April 25, Aerospace Human Factors Association Luncheon (advance purchase only) | | \$45 | |
| <input type="checkbox"/> Mon., April 25, Corporate and Sustaining Affiliate Luncheon (advance purchase only) | | \$45 | |
| <input type="checkbox"/> Mon., April 25, Fellows Dinner (advance purchase only) (MUST BE A FELLOW OR GUEST OF AsMA FELLOW) | | \$85 | |
| <input type="checkbox"/> Tues., April 26, Associate Fellows Breakfast (advance purchase only) | | \$45 | |
| <input type="checkbox"/> Tues., April 26, AsMA Annual Business Meeting (Free Attendance; Ticket required for meal) (advance purchase only) | | \$45 | |
| <input type="checkbox"/> Tues., April 26, Access to Both Events: Reception to Honor International Members and Associate Fellows/Fellows Reception | | \$45 | |
| <input type="checkbox"/> Wed., April 27, Aerospace Physiology Society Luncheon | | \$45 | |
| <input type="checkbox"/> Wed., April 27, Society of NASA Flight Surgeons Luncheon | | \$45 | |
| <input type="checkbox"/> Wed., April 27, Aerospace Nursing Society Luncheon | | \$45 | |
| <input type="checkbox"/> Wed., April 27, Iberoamerican Association of Aerospace Medicine Luncheon | | \$45 | |
| <input type="checkbox"/> Thur., April 28, Space Medicine Association Luncheon | | \$45 | |
| <input type="checkbox"/> Thur., April 28, AsMA Honors Night Banquet (Black Tie Optional) | | \$85 | |
| | SUBTOTAL OF EVENTS | | |
| TOTAL AMOUNT DUE (Registration Subtotal + Workshop + Subtotal of Events) | | | |

PAYMENT MUST ACCOMPANY FORM TO BE REGISTERED IN ADVANCE

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

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

Credit Card # _____ Expiration Date: _____

Signature _____

Approval (Official use only): _____

**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*****

**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