

Advance Registration Form AEROSPACE MEDICAL ASSOCIATION 89th ANNUAL SCIENTIFIC MEETING



- Early Bird Registration runs January 1 31 (Mail registrations must be postmarked with a January date)
- Advance Registration runs February 1 April 30.
- NO CANCELLATIONS OR REFUNDS AFTER APRIL 28. 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 <u>MUST</u> be an active member of **AsMA** in order to register at the member fee. <u>Registration fee does not include membership dues.</u>

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

Name		Degree/Credentials Title				
Organization						
Street Address	City	State/Country Zip Code				
Email	Telep	hone Number	Cell Phone N	umber	Fax Number	
☐ Please indicate if this is an	address change to your	AsMA Membership	Record			
First time attendee, or new r	nember? YES NO) Special dietar	v requirement:			
If you are being funded by th	ie U.S. Dod please indic	ate Branch:Army	∐Navy ∐Air	Force Coast G	uard	
REGISTRATION FEE		EARLY BIRD [†] 1/1 – 1/31	ADVANCE 2/1 – 4/30	AT-THE-DOOR 5/6-5/10	REGISTRATION FEE REMITTE	
MEMBER		\$375 [†]	\$450	\$550		
NON-MEMBER		\$650 [†] *	\$725*	\$825*		
NON-MEMBER PRESENTER		\$550 [†] *	\$625*	\$725*		
RESIDENTS		\$275†	\$350	\$350		
STUDENTS		\$50 [†]	\$100	\$100		
FAA-AME SEMINAR [§]		\$250 [†]	\$310	\$310		
Add CME and MOC Credit	S					
Add Member CME Credits		\$150	\$150	\$150		
Add Member CME and MOC Credits		\$200	\$200	\$200		
Add Non-Member CME Credits		\$200	\$200	\$200		
Add Non-Member CME and N	1OC Credits	\$250	\$250	\$250		
			REGISTRATION	FEE SUBTOTAL ->		
Go to www.asma.org to become a rother membership benefits.	member and take advantag	e of the reduced registr	ation rates, receiv	e the official Aerospa	ace Medical Association journal, an	
EARLY BIRD REGISTRATION MUST B	E PAID IN FULL (INCLUDING	ALL EVENTS AND MEA	. FUNCTIONS) AT 1	THE TIME OF REGISTI	RATION.	
FEE COVERS ASMA OVERHEAD COST	S. CME CREDIT FOR THE FAA	A SEMINAR AND ASMA S	ESSIONS ATTENDE	D IS INCLUDED.		

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

WORKSHOP DATE/NAME	FEE	Total Fee
☐Sun., May 6, 9:00 am – 5:00 pm Workshop #1 "Introduction to Epidemiology" (MAX 75)	\$200	
Sun., May 6, 9:00 am – 4:00 pm Workshop #2 "Aircrew Fatigue" (MAX 75)	\$150	
Sun., May 6, 12:00 pm – 3:00 pm Workshop #3 "Aerospace Medicine Faculty Development" (MAX 50)	\$75	
EVENTS # OF TICKET	FEE PER S TICKET	TOTAL FEE
Additional Meeting Program (ONLY for AsMA Members who receive their journal by mail)	\$10	
☐Sun., May 6, AsMA Welcome to Dallas (NOTE: All Attending Event Must Have Tickets)	\$10	
☐Mon., May 7, 6:00 a.m., Richard B. "Dick" Trumbo 5K Fun Run/Walk (advance purchase only)	\$10	
Mon., May 7, Civil Aviation Medical Association Luncheon (advance purchase only)	\$45	
☐Mon., May 7, Society of USAF Flight Surgeons Luncheon (advance purchase only)	\$45	
Mon., May 7, U.S. Navy Luncheon (advance purchase only)	\$45	
Mon., May 7, U.S. Army Aviation Medical Association Luncheon (advance purchase only)	\$45	
☐Mon., May 7, Aerospace Human Factors Association Luncheon (advance purchase only)	\$45	
Mon., May 7, Corporate Forum Luncheon (Advance purchase only) (MUST BE A COPORATE MEMBER, EXHIBITOR, OR CORPORATE SPONSOR)	\$0	
Mon. May 7, Fellows Dinner (advance purchase only) (MUST BE A FELLOW OR GUEST OF ASMA FELLOW)	\$85	
☐ Tues., May 8, AsMA Annual Business Meeting (advance purchase only) (Free Attendance; Ticket required for meal)	\$45	
☐ Tues., May 8, 100 th Anniversary Celebration of Aerospace Medicine	\$10	
☐ Wed., May 9, Associate Fellows Breakfast	\$45	
☐Wed., May 9, Aerospace Physiology Society Luncheon	\$45	
☐Wed. May 9, Society of NASA Flight Surgeons Luncheon	\$45	
☐Wed., May 9, Aerospace Nursing Society Luncheon	\$45	
☐Wed., May 9, Iberoamerican Association of Aerospace Medicine Luncheon	\$45	
☐Thur., May 10, Space Medicine Association Luncheon	\$45	
☐Thur., May 10, AsMA Honors Night Banquet (Black Tie Optional)	\$85	
	TOTAL OF VENTS	
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 Number: CHECK	AMEX DISC	OVER MASTERCARD VI	SA DINERS	
Name as it appears on card: (PLEASE PRINT)		Security Code:	Fax <u>with</u> credit card information to: (703) 739-9652 OR	
Street:Signature	,	Zip/Mail Code:y:	Mail with payment to: Aerospace Medical Association	
Signature	countr	у	Alexandria, VA 22314-3579	