



LAS VEGAS, NV

Advance Registration Form
AEROSPACE MEDICAL ASSOCIATION
90th ANNUAL SCIENTIFIC MEETING



MAY 5 – May 9, 2019

- 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 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 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.

Table with 5 columns: REGISTRATION FEE, EARLY BIRD (1/1-1/31), ADVANCE (2/1-4/30), AT-THE-DOOR (5/5-5/9), REGISTRATION FEE REMITTED. Rows include MEMBER, NON-MEMBER, NON-MEMBER PRESENTER, RESIDENTS, STUDENTS, and FAA-AME SEMINAR.

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.

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

WORKSHOP DATE/NAME	FEE	Total Fee	
<input type="checkbox"/> Sun., May 5, 8:00 am – 5:00 pm Workshop #1 “Introduction to Epidemiology” (MAX 75)	\$200		
<input type="checkbox"/> Sun., May 5, 8:00 am – 5:00 pm Workshop #2 “NASA Chief Medical Officer’s Primer on Human Spaceflight” (MAX 30)	\$200		
<input type="checkbox"/> Sun., May 5, 9:00 am – 4:00 pm Workshop #3 “Aircrew Fatigue” (MAX 75)	\$150		
<input type="checkbox"/> Sun., May 5, 8:00 am – 12:00 pm Workshop #4 “Effective Aircrew Selection Methods - Part 1 - Select In” (MAX 75)	\$100		
<input type="checkbox"/> Sun., May 5, 1:00 pm – 5:00 pm Workshop #6 “Effective Aircrew Selection Methods - Part 2 - Select Out” (MAX 75)	\$100		
<input type="checkbox"/> Sun., May 5, 12:00 pm – 3:00 pm Workshop #5 “Aerospace Medicine Faculty Development” (MAX 50)	\$75		
<input type="checkbox"/> Fri., May 10, 8:00 pm – 5:00 pm Offsite Workshop #7 “Introduction to Desert and Extreme 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 5, AsMA Welcome to Las Vegas (NOTE: All Attending Event Must Have Tickets)		\$10	
<input type="checkbox"/> Mon., May 6, 6:00 a.m., Richard B. “Dick” Trumbo 5K Fun Run/Walk (advance purchase only)		\$10	
<input type="checkbox"/> Mon., May 6, Civil Aviation Medical Association Luncheon (advance purchase only)		\$45	
<input type="checkbox"/> Mon., May 6, Society of USAF Flight Surgeons Luncheon (advance purchase only)		\$45	
<input type="checkbox"/> Mon., May 6, U.S. Navy Luncheon (advance purchase only)		\$45	
<input type="checkbox"/> Mon., May 6, U.S. Army Aviation Medical Association Luncheon (advance purchase only)		\$45	
<input type="checkbox"/> Mon., May 6, Aerospace Human Factors Association Luncheon (advance purchase only)		\$45	
<input type="checkbox"/> Mon., May 6, Corporate Forum Luncheon (Advance purchase only) (MUST BE A COPORATE MEMBER, EXHIBITOR, OR CORPORATE SPONSOR)		\$0	
<input type="checkbox"/> Mon. May 6, Fellows Dinner (advance purchase only) (MUST BE A FELLOW OR GUEST OF AsMA FELLOW)		\$85	
<input type="checkbox"/> Tues., May 7, AsMA Annual Business Meeting (advance purchase only) (Free Attendance; Ticket required for meal)		\$45	
<input type="checkbox"/> Tues., May 7, Reception to Honor International Members and Associate Fellows/Fellows Reception (Ticket includes access to BOTH events)		\$45	
<input type="checkbox"/> Wed., May 8, Associate Fellows Breakfast		\$45	
<input type="checkbox"/> Wed., May 8, Aerospace Physiology Society Luncheon		\$45	
<input type="checkbox"/> Wed. May 8, Society of NASA Flight Surgeons Luncheon		\$45	
<input type="checkbox"/> Wed., May 8, Aerospace Nursing & Allied Health Professionals Society Luncheon		\$45	
<input type="checkbox"/> Wed., May 8, Iberoamerican Association of Aerospace Medicine Luncheon		\$45	
<input type="checkbox"/> Thur., May 9, Space Medicine Association Luncheon		\$45	
<input type="checkbox"/> Thur., May 9, AsMA Honors Night Banquet (Black Tie Optional)		\$85	
		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 Number: _____ CHECK 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*****