



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



DENVER, COLORADO

AUG 29 – SEP 2, 2021

- **Advance Registration runs April 1 – August 28, 2021**
- **NO CANCELLATIONS OR REFUNDS AFTER AUGUST 21, 2021.**

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	ADVANCE 4/1 – 8/28	AT-THE-DOOR 8/29-9/2	REGISTRATION FEE REMITTED
<input type="checkbox"/> MEMBER	\$525	\$625	
<input type="checkbox"/> NON-MEMBER	\$800*	\$900*	
<input type="checkbox"/> NON-MEMBER PRESENTER	\$700*	\$800*	
<input type="checkbox"/> RESIDENTS	\$375	\$375	
<input type="checkbox"/> STUDENTS	\$125	\$125	
<input type="checkbox"/> ALLIED MEMBER/INTERNATIONAL STUDENT	NA	NA	COMPLIMENTARY REGISTRATION
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.**

(See reverse for workshops & events)

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

WORKSHOP DATE/NAME	FEE	Total Fee	
<input type="checkbox"/> Sun., Aug 29, 9:00 am – 4:00 pm Workshop: "Aircrew Fatigue" (MAX 75)	\$150		
<input type="checkbox"/> Sun., Aug 29, 9:00 am – 4:30 pm Workshop: FAM Flight: Introduction to Aircrew Selection: Test Development, Instrument Validation, Legal Issues, and Aeromedical Standards (MAX 60)	\$150		
<input type="checkbox"/> Sun., Aug 29, 12:00 pm – 3:00 pm Workshop: "Aerospace Medicine Faculty Development Workshop" (MAX 50)	\$75		
<input type="checkbox"/> Fri., Sep 3, 8:00 pm – 5:30 pm Offsite Workshop: "Multi-Sport Medicine Workshop" (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., Aug 29, AsMA Welcome to Denver (NOTE: All Attending Event Must Have Tickets)		\$15	
<input type="checkbox"/> Mon., Aug 30, Aerospace Human Factors Association Luncheon (advance purchase only)		\$50	
<input type="checkbox"/> Mon., Aug 30, Society of US Army Flight Surgeons Luncheon (advance purchase only)		\$50	
<input type="checkbox"/> Mon., Aug 30, AsMA Corporate Forum Luncheon (Advance purchase only) (MUST BE A COPORATE MEMBER, EXHIBITOR, OR CORPORATE SPONSOR)		\$0	
<input type="checkbox"/> Mon., Aug 30, Civil Aviation Medical Association Luncheon (advance purchase only)		\$50	
<input type="checkbox"/> Mon., Aug 30, Society of USAF Flight Surgeons Luncheon (advance purchase only)		\$50	
<input type="checkbox"/> Mon., Aug 30, U.S. Navy Luncheon (advance purchase only)		\$50	
<input type="checkbox"/> Mon. Aug 30, Fellows Dinner (advance purchase only) (MUST BE A FELLOW OR GUEST OF AsMA FELLOW)		\$90	
<input type="checkbox"/> Tues., Aug 31, Associate Fellows Breakfast		\$50	
<input type="checkbox"/> Tues., Aug 31, AsMA Annual Business Meeting (advance purchase only) (Free Attendance; Ticket required for meal)		\$50	
<input type="checkbox"/> Tues., Aug 31, Reception to Honor International Members		\$25	
<input type="checkbox"/> Wed., Sep 1, Aerospace Nursing & Allied Health Professionals Society Luncheon		\$50	
<input type="checkbox"/> Wed., Sep 1, Aerospace Physiology Society Luncheon		\$50	
<input type="checkbox"/> Wed., Sep 1, Iberoamerican Association of Aerospace Medicine Luncheon		\$50	
<input type="checkbox"/> Wed. Sep 1, Society of NASA Flight Surgeons Luncheon		\$50	
<input type="checkbox"/> Thur., Sep 2, Space Medicine Association Luncheon		\$50	
<input type="checkbox"/> Thur., Sep 2, 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: _____

Country: _____ Signature _____

<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*****