



NEW ORLEANS, LA

**ADVANCE REGISTRATION FORM  
AEROSPACE MEDICAL ASSOCIATION  
93rd ANNUAL SCIENTIFIC MEETING**



MAY 21 – 25, 2023

- **Early Bird Registration runs January 1 – 31 (Mail registrations must be postmarked with a January date)**
- **Advance Registration runs February 1 - May 12.**
- **NO CANCELLATIONS OR REFUNDS AFTER MAY 12. 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 rate. **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	ZIPCODE/MAIL CODE
EMAIL	TELEPHONE NUMBER	MOBILE 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	EARLY BIRD <sup>†</sup> 1/1 – 1/31	ADVANCE 2/1 – 5/12	AT-THE-DOOR 5/21 – 5/25	REGISTRATION FEE REMITTED
<input type="checkbox"/> MEMBER	\$450 <sup>†</sup>	\$550	\$650	
<input type="checkbox"/> NON-MEMBER	\$725 <sup>†*</sup>	\$850*	\$950*	
<input type="checkbox"/> NON-MEMBER PRESENTER	\$625 <sup>†*</sup>	\$750*	\$850*	
<input type="checkbox"/> RESIDENTS	\$325 <sup>†</sup>	\$400	\$400	
<input type="checkbox"/> STUDENTS	\$75 <sup>†</sup>	\$125	\$125	
<input type="checkbox"/> FAA-AME SEMINAR <sup>§</sup>	\$325 <sup>†</sup>	\$400	\$400	

**REGISTRATION FEE SUBTOTAL →**

**\*Go to [www.asma.org](http://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.**

**<sup>†</sup>EARLY BIRD REGISTRATION MUST BE PAID IN FULL (INCLUDING ALL EVENTS AND MEAL FUNCTIONS) AT THE TIME OF REGISTRATION.**

**<sup>§</sup>FEE COVERS AsMA OVERHEAD COSTS. CME CREDIT FOR THE FAA SEMINAR AND AsMA SESSIONS ATTENDED IS INCLUDED.**

(See reverse for workshops & events)

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

WORKSHOP DATE/NAME		FEE	Total Fee	
<input type="checkbox"/>	Sun., May 21, 8:00 am – 11:30 am Workshop: “Aerospace Medicine Faculty Development” (MAX 75)	\$85		
<input type="checkbox"/>	Sun., May 21, 8:00 am – 4:30 pm Workshop: “Altitude Decompression Sickness – Pathophysiology, Diagnosis, Treatment, and Mitigation” (MAX 75)	\$175		
<input type="checkbox"/>	Sun., May 21, 9:00 am – 4:30 pm Workshop: “Establishing Peer Support Programs Across All Aviation Sectors” (MAX 75)	\$150		
EVENTS	(NOTE: Advance Purchase Only requires tickets to be purchase during Early Bird & Advance registration – no tickets for these events will be sold onsite)	# OF TICKETS	FEE PER TICKET	TOTAL FEE
<input type="checkbox"/>	Sun., May 21, AsMA Welcome to New Orleans (NOTE: All Attending Event Must Have Tickets)		\$15	
<input type="checkbox"/>	Mon., May 22, 6:00 a.m., Richard B. “Dick” Trumbo 5K Fun Run/Walk (Advance Purchase Only)		\$15	
<input type="checkbox"/>	Mon., May 22, Aerospace Human Factors Association Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/>	Mon., May 22, Civil Aviation Medical Association Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/>	Mon., May 22, Society of US Air Force Flight Surgeons Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/>	Mon., May 22, Society of US Army Flight Surgeons Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/>	Mon., May 22, US Navy Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/>	Mon. May 22, Fellows Dinner (Advance Purchase Only) (MUST BE A FELLOW OR GUEST OF AsMA FELLOW)		\$90	
<input type="checkbox"/>	Tues., May 23, Associate Fellows Breakfast (Advance Purchase Only)		\$50	
<input type="checkbox"/>	Tues., May 23, AsMA Annual Business Meeting (Advance Purchase Only) (Free Attendance; Ticket required for meal)		\$50	
<input type="checkbox"/>	Tues., May 23, Reception to Honor International Members		\$25	
<input type="checkbox"/>	Wed., May 24, Aerospace Nursing & Allied Health Professionals Society Luncheon		\$50	
<input type="checkbox"/>	Wed., May 24, Aerospace Physiology Society Luncheon		\$50	
<input type="checkbox"/>	Wed., May 24, Iberoamerican Association of Aerospace Medicine Luncheon		\$50	
<input type="checkbox"/>	Wed. May 24, Society of NASA Flight Surgeons Luncheon		\$50	
<input type="checkbox"/>	Thur., May 25, Space Medicine Association Luncheon		\$50	
<input type="checkbox"/>	Thur., May 25, 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. DOLLARS.**

**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: \_\_\_\_\_

**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

**FAX TO (703) 739-9652. PLEASE REMEMBER TO INCLUDE BOTH SIDES WHEN FAXING.**

**\*\*\*USE ONLY ONE METHOD TO REGISTER\*\*\***