



CHICAGO, IL

ADVANCE REGISTRATION FORM
AEROSPACE MEDICAL ASSOCIATION
94th ANNUAL SCIENTIFIC MEETING



MAY 5–10, 2024

- Early Bird Registration runs January 1–31. (Mail registrations must be postmarked with a January date.)
- Advance Registration runs February 1 – May 4.
- NO CANCELLATIONS OR REFUNDS AFTER APRIL 30. 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 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 ____

If you are being funded by the U.S. DoD, please indicate Branch: ☐ Army ☐ Navy ☐ Air Force ☐ Coast Guard

Dietary Restrictions – If you are planning to purchase tickets for food events and have dietary restrictions, please select from the list below so we can ask the catering staff to prepare an appropriate meal. (You may check more than one restriction.)

- ☐ Vegetarian ☐ Vegan ☐ Kosher ☐ Halal ☐ Peanut/Tree Nut Allergy
☐ Dairy Allergy ☐ Shellfish Allergy ☐ Sesame Allergy ☐ Wheat/Gluten-free (Celiac, wheat allergy, OR gluten sensitivity)

REGISTRATION FEE	EARLY BIRD [†] 1/1 – 1/31	ADVANCE 2/1 – 5/4	AT-THE-DOOR 5/5 – 5/9	REGISTRATION FEE REMITTED
<input type="checkbox"/> MEMBER	\$450 [†]	\$550	\$650	
<input type="checkbox"/> NON-MEMBER	\$725 ^{†*}	\$850*	\$950*	
<input type="checkbox"/> NON-MEMBER PRESENTER	\$625 ^{†*}	\$750*	\$850*	
<input type="checkbox"/> RESIDENT	\$325 [†]	\$400	\$400	
<input type="checkbox"/> STUDENT	\$75 [†]	\$125	\$125	
<input type="checkbox"/> FAA-AME SEMINAR [§]	\$325 [†]	\$400	\$400	

REGISTRATION FEE SUBTOTAL ➔

*Go to www.asma.org to become a member and take advantage of the reduced registration rates and receive our *Aerospace Medicine and Human Performance* journal, as well as 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 ATTENDANCE.

(See reverse for workshops & events)

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

WORKSHOP DATE/NAME	FEE	Total Fee	
<input type="checkbox"/> Sun., May 5, 8:00 am – 5:00 am Workshop: “Aerospace Epidemiology – The Science of the Denominator” (MAX 50)	\$200		
<input type="checkbox"/> Sun., May 5, 8:00 am – 5:00 pm Workshop: “Clear Skies Ahead: Achieving and Sustaining Mental Wellness in the Aerospace System of Tomorrow” (MAX 125)	\$200		
<input type="checkbox"/> Sun., May 5, 9:00 am – 4:00 pm Workshop: “Understanding and Managing Fatigue in Aviation” (MAX 75)	\$150		
<input type="checkbox"/> Fri., May 10, 8:00 am – 5:00 pm Workshop: “Space Mission Analogs: Medical Care in Remote Maritime Operations” (MAX 30)	\$250		
EVENTS (NOTE: Advance Purchase Only requires tickets to be purchased 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 5, AsMA Welcome to Chicago (NOTE: All Attending Event Must Have Tickets)		\$15	
<input type="checkbox"/> Mon., May 6, 6:00 am, Richard B. “Dick” Trumbo 5K Fun Run/Walk (Advance Purchase Only)		\$15	
<input type="checkbox"/> Mon., May 6, American Society of Aerospace Medicine Specialists (ASAMS) Breakfast & Business Meeting (Advance Purchase Only) (ASAMS Members Only)		\$25	
<input type="checkbox"/> Mon., May 6, Aerospace Human Factors Association Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/> Mon., May 6, Civil Aviation Medical Association Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/> Mon., May 6, Society of U.S. Air Force Flight Surgeons Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/> Mon., May 6, Society of U.S. Army Flight Surgeons Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/> Mon., May 6, U.S. Navy Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/> Mon., May 6, Fellows Dinner (Advance Purchase Only) (MUST BE A FELLOW OR GUEST OF AsMA FELLOW)		\$90	
<input type="checkbox"/> Tues., May 7, Associate Fellows Breakfast (Advance Purchase Only)		\$50	
<input type="checkbox"/> Tues., May 7, AsMA Annual Business Meeting (Advance Purchase Only) (Free Attendance; Ticket required for meal)		\$50	
<input type="checkbox"/> Tues., May 7, Alliance of Air National Guard Flight Surgeons Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/> Wed., May 7, Reception to Honor International Attendees		\$25	
<input type="checkbox"/> Wed., May 8, Canadian Society of Aerospace Medicine Breakfast (Advance Purchase Only)		\$50	
<input type="checkbox"/> Wed., May 8, Aerospace Nursing & Allied Health Professionals Society Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/> Wed., May 8, Aerospace Physiology Society Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/> Wed., May 8, Iberoamerican Association of Aerospace Medicine Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/> Wed., May 8, Society of NASA Flight Surgeons Luncheon (Advance Purchase Only)		\$50	
<input type="checkbox"/> Thur., May 9, Space Medicine Association Luncheon		\$50	
<input type="checkbox"/> Thur., May 9, 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 (All Pages)
OR
Mail with payment to:
Aerospace Medical Association
320 S Henry Street
Alexandria, VA 22314-3579

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