

Advance Registration Form
6th European Congress in Aerospace Medicine

Prague, Czech Republic

September 20-23, 2018

- **Early Bird Registration runs March 1 – April 15**
- **A \$50 Administrative Fee is applied to all cancellations**
- **We STRONGLY encourage online registration: [6th ECAM ONLINE REGISTRATION](#)**
 - E-mail registration form with credit card information to: Membership@asma.org or
 - Fax registration form with credit card information to: (703) 739-9652

Name **Degree/Credentials**

Organization **Title**

Street Address **City** **State/Country** **Zipcode (Mail Code)**

E-mail **Telephone Number** **Fax Number**

Special Dietary Requirement: _____

Registration Type	Early Bird 3/1-4/15	Advance 4/16-9/16	Onsite 9/17-9/23	Number Required	FEES SUBTOTAL
<input type="checkbox"/> Full Congress: Access to full scientific program, Opening Ceremony, buffet lunches on all days, coffee/teas/water on all days, and the Gala Dinner	\$440	\$480	\$600		
<input type="checkbox"/> 1-Day Registration: Access to 1 day of the scientific program, buffet lunch, and coffee/teas/water	\$200	\$200	\$200		
<input type="checkbox"/> Accompanying Persons: Access to the Opening Ceremony, Friday sightseeing tour with lunch, Gala Dinner	\$120	\$120	\$120		
<input type="checkbox"/> Wire Transfer Fee	\$30	\$30			
TOTAL FEES OWED					

PAYMENT MUST ACCOMPANY FORM TO BE REGISTERED IN ADVANCE

METHOD OF PAYMENT: Check – Check Number: _____ AMEX DISCOVER MASTERCARD VISA DINERS

Name as it appears on card: **(PLEASE PRINT)** _____

Credit Card # _____ Expiration Date: _____

Signature _____

Approval (Official Use Only): _____

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

Wire Transfer (Contact AsMA for Bank Information – membership@asma.org or 703-739-2240 x 106 or x 107)

PAYMENT MUST ACCOMPANY FORM. ALL PAYMENTS ARE IN U.S. FUNDS.
REGISTRANTS SUBMITTING VIA FAX MUST INCLUDE CREDIT CARD INFORMATION.
PLEASE REMEMBER TO INCLUDE BOTH SIDES WHEN FAXING.

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

(PLEASE COMPLETE THE REQUIRED FIELDS ON THE REVERSE SIDE OF THIS FORM)

REQUIRED FIELDS FOR ALL REGISTRANTS

- All paid registrations (except 1-Day) include the 18 September 2016 Gala Dinner. Please enter the full names(s) of all paid registrants and accompanying persons in your party who plan to attend. If no one in your party plans to attend the Opening Ceremony, please enter "NA".

1. _____

2. _____

3. _____

4. _____