

THE ASSOCIATION OF AVIATION MEDICAL EXAMINERS



38th Annual Scientific Meeting & Celebration
17th March 2018, National Space Center, Leicester

MEMBER REGISTRATION FORM

DELEGATE DETAILS

PLEASE COMPLETE ALL PAGES OF THIS FORM IN BLOCK CAPITALS

Title: _____ First Name: _____ Last Name: _____

Name to appear on meeting literature and name badge (if different from above): _____

Affiliation / Company: _____

Correspondence Address: _____

Post Code: _____ Country: _____

Daytime Telephone: _____ Ext or Assistant: _____

Daytime Fax: _____ Email: _____

Membership: AAME Complimentary SAAME CAA BMPA (Please circle as appropriate)

AAME Membership Number: _____

EMERGENCY CONTACT & SPECIAL REQUESTS

Please provide details of the person/s we should contact in an emergency during the meeting.

Name: _____ Relationship: _____

Daytime Telephone: _____ Evening Telephone: _____

Please advise of any dietary or medical requirements, i.e. vegetarian, diabetic, wheelchair access.

MEETING REGISTRATION FEES (Please circle the appropriate rate)

Fees are inclusive of full scientific programme, car parking, coffee breaks and lunch.
(Please note that reductions will not be given on the registration fee for delegates not partaking in lunch.)

RATE	EARLY	STANDARD
Form Received:	Before 5pm Friday 26 th Jan 2018	After 5pm Friday 26 th Jan 2018
AAME MEMBERS	£120.00 inc VAT per person	£135.00 inc VAT per person
SAAME / CAA / BMPA MEMBERS	£170.00 inc VAT per person	£185.00 inc VAT per person

Meeting Registration Fees Sub Total £ _____

ANNUAL GENERAL MEETING – 12.00 hours, Saturday 17th March 2018

Please indicate your attendance:

I will / will not* be attending the AGM (* Please delete as appropriate)

ACCOMMODATION

Delegates are responsible for booking and paying for their own accommodation directly with the Hilton Leicester hotel or at the hotel of your choice. When booking with the hotel you must use the following link in order to receive a preferential rate – <http://eventsathilton.com/show/59bfb24425ff7a318efd783f>

Please ensure you request your accommodation as early as possible as bedrooms are subject to availability at the time of booking and the other hotels in this area can be busy during this period.

For further information and contact details please refer to your information pack.

SOCIAL PROGRAMME

Please indicate if you shall attend the social programme.

Friday 16th March 2018 "Dealing with the difficult Pilot" (Private) _____ places (No additional charge)
(This year we are holding a pre-conference session at the Hilton hotel, Leicester on Friday 16 March 2018 at 6:00pm-7:30pm. The session is limited to 24 places and is based on first come, first served basis, please ensure you book early to avoid disappointment)

Saturday 17th March 2018 Black Tie Gala Dinner at Hilton Leicester (Private) _____ places @ £60.00 pp £_____
(Inclusive of drinks reception, private three course gala dinner, and a third of a bottle of wine pp)

Social Programme Sub Total £ _____

PARTNER DETAILS

Please advise us of any person(s) who will be accompanying you to the social functions:

1) Title: _____ First Name: _____ Last Name: _____
2) Title: _____ First Name: _____ Last Name: _____

Do these people have any dietary or medical requirements, i.e. vegetarian, diabetic, wheelchair access?

1) _____ 2) _____

METHOD OF PAYMENT

Meeting Registration Fee: £ _____ Social Programme Sub Total: £ _____ Total Enclosed: £ _____

Payment can be made using one of the following methods: (Please tick)

1) **Cheque** or banker's order to Association of Aviation Medical Examiners' (payment in sterling / UK £ only)

2) Completing the **credit/debit card** details below: (Please note AMEX and Dinners Cards are not accepted)

Credit / Debit card type (please circle): **Maestro** **MasterCard** **Solo** **Switch** **Visa** **Visa Delta**

Card number: _____ Issue number: (Switch, maestro and solo only) _____

CVV2 / CVC2 number (the last 3 digits on the security strip of the reverse of the card) _____

Start date: Month _____ Year _____ Expiry date: Month _____ Year _____

Card holders name (as it appears on the card) _____

Signature (if the card holder is not signing the bottom of this form) _____

Billing address if different from registration address above: _____

Please note that registration forms can only be processed if accompanied by a cheque, or credit / debit card details are completed in full. A receipt will be issued once payment has been cleared. (Please ensure your e-mail address and a contact telephone number are filled in correctly above).

Completed forms and payment by **cheque or card** can be sent to:

AAME Administration C/O 3D Events
1 Waterloo Street
St Helier
Jersey
JE2 4WT

I confirm I have read and accepted the terms and conditions of booking (For a copy please refer to website: www.aame.org.uk and go to the 'EVENTS' tab or email aame@3dperformance.co.uk with your details to request that a copy be sent to you).

3D Events are the official event organisers of the 38th Annual Scientific Meeting. All administration including payment transactions will be managed by 3D Events whose head office is located in Jersey, Channel Islands.

Please note it is their details (3D Performance/3D Events) that will appear on your bank statement and not AAME if your payment is made via credit or debit card.

For all enquiries;

E-mail: aame@3dperformance.co.uk

Phone: +44 (0)1534 505926

(Please note that responses to your emails or faxes will be made during normal office hours, Monday - Friday 0900 - 1700 hours)

Signature: _____ Print Name: _____ Date: _____