

# THE ASSOCIATION OF AVIATION MEDICAL EXAMINERS



38<sup>th</sup> Annual Scientific Meeting & Celebration  
17th March 2018, National Space Center, Leicester

## NON 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: \_\_\_\_\_

### 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 <sup>th</sup> Jan 2018	After 5pm Friday 26 <sup>th</sup> Jan 2018
NON MEMBERS	£295.00 inc VAT per person	£295.00 inc VAT per person

Meeting Registration Fees Sub Total £ \_\_\_\_\_

### ANNUAL GENERAL MEETING – 12.00 hours, Saturday 17<sup>th</sup> 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 - <http://eventsathilton.com/show/59bfb24425ff7a318efd783f> in order to receive a preferential rate. 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 16<sup>th</sup> 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 17<sup>th</sup> 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 function:

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 bookingR(For a copy please refer to website: [www.aame.org.uk](http://www.aame.org.uk) and go to the 'EVENTS' tab or email [aame@3dperformance.co.uk](mailto: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 38<sup>th</sup> Annual Scientific Meeting. All administration including payment transactions will be managed by 3D Events who's head office is located in Jersey, Channel Islands.**

**Please note it is their details (3D Performance or 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](mailto: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: \_\_\_\_\_