

# THE ASSOCIATION OF AVIATION MEDICAL EXAMINERS



39<sup>th</sup> Annual Scientific Meeting & Celebration  
23<sup>rd</sup> March 2019, Worsley Park Marriott Hotel and Country Club

## 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                      SAAME                      (Please circle as appropriate)

AAME/SAAME 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 25 <sup>th</sup> Jan 2019	After 5pm Friday 25 <sup>th</sup> Jan 2019
AAME/SAAME MEMBERS	£125.00 inc VAT per person	£140.00 inc VAT per person
AAME / SAAME MEMBERS; DELEGATE AND GALA DINNER PACKAGE DEAL	£ 160.00 inc VAT per person	£ 175.00 inc VAT per person

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

# ANNUAL GENERAL MEETING – 12.00 hours, Saturday 23<sup>rd</sup> March 2019

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 Worsley Park Marriott Hotel and Country Club or at the hotel of your choice. When booking with the hotel you must book before 22 February 2019 and use the following link in order to receive a preferential rate –

[https://www.marriott.co.uk/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkIdData=AAME%5EMANGS%60Q2IQ2IA%60108%60GBP%60false%602%603/22/19%603/24/19%602/22/19&app=resvlink&stop\\_mobi=yes](https://www.marriott.co.uk/meeting-event-hotels/group-corporate-travel/groupCorp.mi?resLinkIdData=AAME%5EMANGS%60Q2IQ2IA%60108%60GBP%60false%602%603/22/19%603/24/19%602/22/19&app=resvlink&stop_mobi=yes)

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 22<sup>nd</sup> March 2019 "Interactive Case Management Workshop" (Private) \_\_\_\_\_ places (No additional charge)  
(This year we are holding a pre-conference session at the Worsley Park Marriott hotel on Friday 22<sup>nd</sup> March 2019 at 6:00pm-7:30pm. The session is limited to 50 places and is based on first come, first served basis, please ensure you book early to avoid disappointment)

Saturday 23<sup>rd</sup> March 2019 Black Tie Gala Dinner at Worsley Park Marriott Hotel (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 £ \_\_\_\_\_

## 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](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 39<sup>th</sup> 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](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: \_\_\_\_\_