

**CIVIL AVIATION MEDICAL ASSOCIATION
ANNUAL SCIENTIFIC MEETING, SEPTEMBER 26-28, 2019
METROPOLITAN AT THE 9 HOTEL, CLEVELAND, OHIO 44115**

ATTENDEE NAME & TITLE*:	AME NUMBER:
*(MD, DO, MBCH, PhD, MS, etc.) SPECIALTY:	

ARE YOU BRINGING A SPOUSE OR OTHER GUEST(S) WHO WILL PARTICIPATE IN THE MEETING, WILL BE EATING MEALS WITH YOU, AND/OR GOING ON THE FIELD TRIP WITH YOU?			
YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>

SPOUSE/GUEST NAME AND TITLE* IF APPLICABLE:
NOTE: There is a \$430.00 registration fee for each participating guest to cover eight meals and the field trip. (Tickets to the field trip and/or banquet are NOT sold separately.)

ATTENDEE ADDRESS:
(Please use the address you wish to be used in the participant roster that will be given to all in attendance)

CITY:	STATE/PROVINCE:
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ZIP:	COUNTRY:	PHONE:
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EMAIL (REQUIRED):	CELL PHONE:
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DO YOU OR YOUR GUEST HAVE ANY SPECIAL DIETARY NEEDS?	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	PLEASE DESCRIBE: (VEGAN, VEGETARIAN, GLUTEN INTOLERANT, ETC.)	NUMBER?
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REGISTRATION FEE MAY BE PAID BY CHECK (U.S. DOLLARS) OR CREDIT CARD

CREDIT CARD TYPE:	VISA: <input type="checkbox"/>	MASTER CARD: <input type="checkbox"/>	AMERICAN EXPRESS: <input type="checkbox"/>
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CREDIT CARD NUMBER:	SECURITY CODE (CVV)	ZIP CODE OF CARD BILLING ADDRESS
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EXPIRATION DATE:	SIGNATURE:
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AUTHORIZED CHARGE AMOUNT (U. S. DOLLARS):
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CHECK ENCLOSED (U.S. DOLLARS):	CHECK AMOUNT:
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PERSONS REGISTERING TO ATTEND THE CAMA ANNUAL SCIENTIFIC MEETING - PLEASE MAKE YOUR HOTEL RESERVATIONS ONLINE BY USING THE FOLLOWING LINK (use "control" + click to activate link): [Book your group rate for Civil Aviation Medical Association Annual Conference & Symposium](#) THIS IS A SPECIAL LINK EXCLUSIVELY FOR CAMA MEETING ATTENDEES TO USE TO RECEIVE THE CAMA ROOM RATE OF \$159.00, PLUS APPLICABLE FEES AND TAXES, FOR 1 TO 4 PERSONS. ALL RESERVATIONS MUST BE MADE BY SEPTEMBER 2, 2019, TO RECEIVE THE CAMA RATE AND FOR AVAILABILITY. ROOMS AFTER THAT DATE ON AVAILABILITY-BASIS ONLY.

CAMA MEMBER REGISTERED ON OR BEFORE SEPTEMBER 2, 2019	-----\$775.00 U. S. DOLLARS
CAMA MEMBER REGISTERED AFTER SEPTEMBER 2, 2019	-----\$825.00 U. S. DOLLARS
SPOUSE/GUEST OF ATTENDEE	-----\$430.00 U. S. DOLLARS
*NON-MEMBER REGISTERED ON OR BEFORE SEPTEMBER 2, 2019	-----\$925.00 U. S. DOLLARS
*NON-MEMBER REGISTERED AFTER SEPTEMBER 2, 2019	-----\$975.00 U. S. DOLLARS
NOTE: Registration and guest fees include 8 meals – Buffet breakfast and lunch on Thursday, Friday, and Saturday, a field trip with a catered dinner on Thursday night, and the Honors Night Banquet on Friday Night. No activities are scheduled for Saturday evening.	

***NON-MEMBERS - IF YOU WISH TO REGISTER AT THE LOWER MEMBER RATE, YOU MAY BECOME A MEMBER OF CAMA BY REQUESTING A 2019 MEMBERSHIP FORM. YOU MAY COMPLETE AND RETURN IT AND YOUR 2019 DUES PAYMENT WITH YOUR MEETING REGISTRATION FORM.**

RETURN REGISTRATION FORMS BY EMAIL, FAX, OR REGULAR MAIL TO:

**CIVIL AVIATION MEDICAL ASSOCIATION
P. O. BOX 2382, PEACHTREE CITY, GA 30269**

**PHONE: 770-487-0100
FAX: 770-487-0080
EMAIL: civilavmed@aol.com**

All registrations received will be acknowledged by email, so an email address is required. If you do not receive a confirmation email that your registration has been received, please contact CAMA. We do not share email addresses with any other groups or individuals – the email address is strictly for our use in communicating with you with regard to CAMA activities.

THIS MEETING IS APPROVED FOR FAA-AME PERIODIC TRAINING. CME & MOC HAVE BEEN APPLIED FOR.