



# REGISTRATION FORM

Italian Association of Aerospace Medicine  
24<sup>th</sup> NATIONAL CONGRESS

Rome, 16-18 June 2011

Complesso Monumentale San Michele a Ripa Grande  
e Casa dell'Aviatore

Please complete and return to: [aimas2011@aimas.it](mailto:aimas2011@aimas.it)

**Fax:**

**+390699331577**

**Mail:**

[aimas2011@aimas.it](mailto:aimas2011@aimas.it)

***A separate registration form must be used for each participant!***

## Personal Information

Title	Prof.	Dr.	Mr.	Mrs.	Ms.	Other		
Family name						Name		
Institution								
Address								
City, State, Zip Code						Country		
Phone						Fax		
E-mail								
Accompanying Person*	Mr.	Mrs.	Ms.	Family name:			Name:	
	Mr.	Mrs.	Ms.	Family name:			Name :	

**\*Maximum 2 accompanying persons per participant allowed**

## Registration Fee (please, check your choice!)

Category	EARLY FEE - Paid Before 30 April 2011	LATE FEE – Paid After 30 April 2011
Medical Doctors	EUR 150,00 <input type="checkbox"/>	EUR 200,00 <input type="checkbox"/>
Student*/Nurse	EUR 100,00 <input type="checkbox"/>	EUR 150,00 <input type="checkbox"/>
Accompanying Person	EUR 40,00 <input type="checkbox"/>	EUR 50,00 <input type="checkbox"/>
Accompanying Person	EUR 40,00 <input type="checkbox"/>	EUR 50,00 <input type="checkbox"/>

**Participant and Student fee** includes: entrance to sessions, congress materials, opening dinner and concert, viewing historical footage, coffee breaks as per programme.

**Accompanying person fee** includes: opening dinner and concert, viewing historical footage, coffee breaks as per programme.

**\* Please, enclose a certificate of a student's status.**

## Payment *(please, check your choice!)*

<b>TOTAL to be paid (Registration Fee)</b>		<b>EUR</b>
Payment will be done by:	Credit card* <input type="checkbox"/>	Bank transfer <input type="checkbox"/>
Transaction number:		

\* Directly from [www.aimas.it](http://www.aimas.it) click on congress fee (payment will be made through PayPal secure site).

<b>Bank transfer to: →→→</b>	Bank:	<b>Poste Italiane BancoPosta</b>
In this case, please <u>send us a copy of the Bank Transfer</u> together with the Registration Form.	Address:	<b>Uff. Postale P.zza Bologna, 3 – 00162 Roma Nomentano</b>
	In favour of:	<b>Associazione Italiana di Medicina Aeronautica e Spaziale</b>
	Account number:	<b>11543006</b>
	IBAN:	<b>IT50 P076 01032000 0001 1543 006</b>
	BIC/Swift Code:	<b>BPPIITRR</b>
<b>Amount should be net of bank commission!</b>	Reference:	<b>XXIV National Congress</b>

## Payment Conditions

- Notice of any cancellation/change must be sent in writing.
- Registration cancellations made before 15 May 2011 will merit 50% refund, less bank/card charges.
- Registration cancellations made after 15 May 2011 will not merit a refund.
- Emergency cancellations (e.g. illness, death of a relative or birth of a baby ....) can be refund 100% if duly proved.
- All refunds will be made after the symposium in the same manner as the original payment was received.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please complete and return *at your earliest convenience***

**to AIMAS – by mail or fax –**

**E-mail: [aimas2010@aimas.it](mailto:aimas2010@aimas.it) Fax: +390699331577**