



Register Today for the Safety Management Training Academy!

August 5-9

Omni William Penn Hotel – Pittsburgh, PA

Please **TYPE** or **PRINT** the information below:

First Name _____ Last Name _____ Male Female

Arrival Date _____ Departure Date _____ Email _____

Nickname for Badge _____ Title _____

Company/Organization _____

Street Address _____

City _____ State/Province _____ Country: _____ Zip _____

Telephone (____) _____ Fax (____) _____

In case of emergency, please contact: _____ Phone# _____

Year 1 **Year 2** **Graduate Workshop**

Registration Package

- Single Member Rate: \$2500.00 Single Member Rate: \$2400.00 *(no hotel)*
 Single Non-Member Rate: \$2750.00 Single Non-Member Rate: \$2650.00 *(no hotel)*
 For any special needs or accommodations, an AAMS staff person will contact you.

Consent to use of photographic images. Registration and attendance at, or participation in, Safety Management Training Academy constitutes an agreement by the registrant to the SMTA's use and distribution (both now and in the future) of the registrant or the attendees image's or voice in photographs, videotapes, electronic reproductions and audiotapes of such events and activities to illustrate and promote the SMTA experience.

Mail registration form and payment to:

Association of Air Medical Services (AAMS), 909 North Washington Street, Suite 410, Alexandria, VA 22314
Via Facsimile: 703.836.8920 Via Email: nross@aams.org Questions? 703.836.8732

Make checks payable to: Association of Air Medical Services (AAMS)

Payment by Credit Card - All major credit cards accepted. If paying by credit card, please note: A 2.5% processing fee will be added to your total

Credit Card Number: _____

Expiration Date: _____ 3 or 4-digit Security Code: _____

Cardholder Name (please print): _____

Billing Address: _____

Signature: _____

A check or credit card for the full amount must accompany this form in order to complete enrollment. When paying with a credit card, the amount will be charged to your card upon receipt of registration. If payment is not received, the student will be required to pay in full on-site, and will receive the monograph at that time. Upon receipt of this form, you will receive a confirmation email from AAMS.

Cancellation Policy

A cancellation fee of \$100 will be charged for cancellation at any time up to 30 days prior to the start of the Academy. No refunds will be issued for cancellations received less than 30 days prior to the start of the Academy. Cancellations MUST be submitted in writing to AAMS at fax number 703.836.8920 or via email at nross@aams.org.

Office Use Only: Date Received: _____ Payment Received: _____ Comments: _____