

registration

CIVIL AVIATION MEDICAL ASSOCIATION ANNUAL SCIENTIFIC MEETING

Pensacola, Florida USA
October 7-9, 2010

Name _____ Degree MD DO Other _____

Address _____

City _____ State _____ ZIP _____ Country _____

Phone _(____)_____ FAX _(____)_____

Email: _____ Name of Spouse or Guest _____

TUITION

(ALL FEES IN USD)

**ON OR BEFORE
9/4/2010**

**AFTER
9/4/2010**

CAMA MEMBER

\$500.00

\$550.00

SPOUSE OR
GUEST

\$300.00

\$350.00

NON-MEMBER

\$600.00

\$650.00

TOTAL

NOTE: FEES COVER TUITION, EDUCATIONAL MATERIALS, BUFFET BREAKFASTS, REFRESHMENT BREAKS, BUFFET LUNCHES, DINNERS, TOURS, AND ALL ENTERTAINMENT.

LODGING

In order to take advantage of the discounted CAMA Room Rate of \$125 per night for single or double at the Crowne Plaza Pensacola Grand Hotel, attendees must book through the CAMA home office by **September 4, 2010**. All rooms are non-smoking and located at the meeting venue site.

Preferred Accommodations: Single _____ Double _____ (check one)

Arrival Date: _____ Departure Date: _____

PAYMENT

Check (made payable to "CAMA")

VISA MasterCard

Credit Card # _____

Exp. Date ____/____/____ Amount: _____

Signature _____

FAX this form to: (770) 487-0080, or

Mail this form to: Civil Aviation Medical Association; P.O. Box 2382; Peachtree City, GA 30269-2382.

For additional information, contact CAMA Customer Relations at (770) 487-0100.