

Registration Form BASIC COURSE AVIATION MEDICINE 2026 APRIL/JUNE

Please complete this form and send to: bittermann@AMC-Salzburg.at

Name:

Address:

E-mail:

Phone number:

Your medical specialty:

What country do you practice medicine in?

Please finalize your registration with a bank transfer of your Basic Course fee to the following account:

AT47 3500 0000 2701 2608

BIC RVSAAT2S

Total amount due: € 2200

Name of Recipient: OrthoTeam Salzburg Dr. Drekonja, Dr. Bittermann und Dr. Matis GmbH - AAMI

Wire Transfer Reference: AAMI Aviation Medicine Basic Course April/June2026/
LAST NAME / FIRST NAME (of participant)

All course materials, lunch and parking are included in the course fee.

Upon receipt of your payment, you will receive a confirmation of enrolment and payment via your email address.

Please provide a copy of a type of Identification with your application (ID Card/Passport)

Scan with your Banking app

