**

**MedAire Portal Registration Form**

As part of your membership, you have access to MedAire’s password-protected web portal to receive medical and travel information to help you plan your next journey.

Please provide the names and email addresses for crew members and guests you would like to have access to the MedAire Portal.

**Vessel Name:**

**Company Name:**

**Membership No:**

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| --- | --- | --- | --- |
| **First Name** | **Surname** | **Email** | **Title or Position** |
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Please complete & return this form to your Account Manager.

Your Account Manager will register the information and each person will receive an email asking them to log in to create their password.