



Undersea & Hyperbaric Medical Society
2020 Annual Scientific Meeting
Sheraton San Diego Hotel & Marina, San Diego, CA
JUNE 18 - JUNE 20 / Pre-Courses: June 17
REGISTRATION FORM

Last Name		First Name		Degree	
Address					
Add 2 (if needed)					
City/Town		State/Province			
Postal Code		Country			
Email (must have)		Daytime #			
Is this your first Annual Scientific Meeting?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Privacy Consent: In registering for this conference, relevant details (name/address) will be incorporated into a delegate list for the benefit of all delegates, and also may be made available to parties directly related to the conference including accommodation suppliers and sponsors.					
CONSENT TO USE CONTACT DETAILS:					
<input type="checkbox"/> YES, I consent to my details being passed on to a third party or being used for a secondary purpose.			<input type="checkbox"/> NO, I do not consent to my details being passed on to a third party or being used for a secondary purpose		
FEES				Before May 1	After May 1
PRE-COURSES: Wednesday, June 17 (rates include breaks)					
Dive risks and fitness to dive assessment in divers with chronic health conditions				<input type="checkbox"/> \$200	<input type="checkbox"/> \$225
How to prepare for Accreditation				<input type="checkbox"/> \$200	<input type="checkbox"/> \$225
UHMS MEMBER FEES					
DAILY FEES: June 18 – June 20: (rates include: Continental breakfast, coffee breaks, welcome-exhibitor reception)					
PHYSICIAN (MD/DO/MBBS or Equivalent) / PHD (Researcher/Scientist)					
THURSDAY: JUNE 18				<input type="checkbox"/> \$300	<input type="checkbox"/> \$325
FRIDAY: JUNE 19				<input type="checkbox"/> \$300	<input type="checkbox"/> \$325
SATURDAY: June 20				<input type="checkbox"/> \$300	<input type="checkbox"/> \$325
FELLOW/RESIDENT / NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) / STUDENT					
THURSDAY: JUNE 18				<input type="checkbox"/> \$230	<input type="checkbox"/> \$255
FRIDAY: JUNE 19				<input type="checkbox"/> \$230	<input type="checkbox"/> \$255
SATURDAY: June 20				<input type="checkbox"/> \$230	<input type="checkbox"/> \$255
NON-MEMBER FEES					
DAILY FEES: June 18 – June 20: (rates include: Continental breakfast, coffee breaks, welcome-exhibitor reception)					
PHYSICIAN (MD/DO/MBBS or Equivalent) / PHD (Researcher/Scientist)					
THURSDAY: JUNE 18				<input type="checkbox"/> \$370	<input type="checkbox"/> \$395
FRIDAY: JUNE 19				<input type="checkbox"/> \$370	<input type="checkbox"/> \$395
SATURDAY: June 20				<input type="checkbox"/> \$370	<input type="checkbox"/> \$395
FELLOW/RESIDENT / NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) / STUDENT					
THURSDAY: JUNE 18				<input type="checkbox"/> \$300	<input type="checkbox"/> \$325
FRIDAY: JUNE 19				<input type="checkbox"/> \$300	<input type="checkbox"/> \$325
SATURDAY: June 20				<input type="checkbox"/> \$300	<input type="checkbox"/> \$325
Social Functions (Attendees only)					
YES, I will be attending the WELCOME-EXHIBITOR RECEPTION : Thursday, June 18 (5:30pm – 7:30pm)				<input type="checkbox"/> YES	
Associate Business Luncheon : June 20 (limited spaces–For UHMS ASSOCIATES Members (non-physician or equivalent))				<input type="checkbox"/> YES	
LUNCH : Wednesday, June 17 (deli buffet)				<input type="checkbox"/> \$57	
LUNCH : Thursday, June 18 (deli buffet)				<input type="checkbox"/> \$57	
LUNCH : Friday: June 19 (deli buffet)				<input type="checkbox"/> \$57	
LUNCH : Saturday, June 20 (deli buffet)				<input type="checkbox"/> \$57	
BANQUET: Registered Attendees : includes plated dinner/open bar (accompanying person fees below): Saturday, June 20				<input type="checkbox"/> \$110	
AFTER PARTY: Registered Attendees (accompanying person fees below): Saturday, June 20 (10pm-12mid-night)				<input type="checkbox"/> \$50	

Accompanying Persons (per person)

NAME(S) of Accompanying Person: (if selecting item below) _____

AP Meeting Attendance (3 days) (non-medical, non CME/CEU) includes: access to meeting, Continental breakfast, coffee breaks, welcome-exhibitor reception	<input type="checkbox"/> \$450 x__
AP Package Premium (3 days: per person): includes: continental breakfast, coffee breaks, welcome/exhibitor reception, banquet and after party	<input type="checkbox"/> \$425 x__
AP Package Plus: (3 days: per person):: includes: continental breakfast, coffee breaks, welcome-exhibitor reception and banquet	<input type="checkbox"/> \$405 x__
AP Package: (3 days: per person): includes: Continental breakfast, coffee breaks, welcome-exhibitor reception	<input type="checkbox"/> \$305 x__
AP Welcome-Exhibitor Reception: Wednesday, June 17: includes various food items/open bar	<input type="checkbox"/> \$127 x__
AP Banquet ONLY: Saturday, June 20: includes plated dinner/open bar	<input type="checkbox"/> \$110 x__
AP After Party ONLY: includes: open bar & DJ/dancing Saturday, June 20 (10pm-12 midnight)	<input type="checkbox"/> \$50 x__
Kid's Basic package: (ages 6-15): includes: Continental breakfast, coffee breaks, welcome/exhibitor reception	<input type="checkbox"/> \$180 x__
LUNCH: Wednesday, June 17 (deli buffet)	<input type="checkbox"/> \$57 x__
LUNCH: Thursday, June 18 (deli buffet)	<input type="checkbox"/> \$57 x__
LUNCH: Friday: June 19 (deli buffet)	<input type="checkbox"/> \$57 x__
LUNCH: Saturday, June 20 (deli buffet)	<input type="checkbox"/> \$57 x__

OTHER

Printed copy of the Program \$25 x__

TOTAL AMOUNT ENCLOSED OR TO BE CHARGED: * ALL \$\$ are USD*

\$

CANCELLATION / REFUND POLICY: \$100 administrative fee will be held on all MEETING(S)/COURSE(S) cancellations from the time you register, until 60 days prior to the meeting/course date. From 59 days to one (1) month prior, 50% of fees will be held on all cancellations. NO REFUNDS will be issued one (1) month before or after the meeting/course date.

PAYMENT INFORMATION

Check/Money Order (make payable to UHMS) Visa MasterCard American Express Diners Discover

Card Number	Expiration Date	CVV Code
Name on Card	Cardholder Signature	
Billing Address	Billing zip code	

MAIL WITH PAYMENT TO:

UHMS

631 US HIGHWAY 1, SUITE 307

NORTH PALM BEACH, FL 33408

OR FAX TO: 919-490-5149 / email: uhms@uhms.org / website: www.uhms.org

REGISTER ONLINE at: www.uhms.org