Undersea & Hyperbaric Medical Society

**2017 Annual Scientific Meeting
Naples Grande Beach Resort, Naples, FL
JUNE 29 – July 1, 2017 /** **Pre-Courses: June 28 / Post-Course: July 2**REGISTRATION FORM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name |  | First Name |  | Degree |  |
| Address |  |
| Add 2 (if needed) |  |
| City/Town |  | State/Province |  |
| Postal Code |  | Country |  |
| Email (must have) |  | Daytime # |  |
| **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:** |
| [ ]  **YES,** I consent to my details being passed on to a third party or being used for a secondary purpose. | [ ]  **NO,** I do not consent to my details being passed on to a third party or being used for a secondary purpose |
| **Affiliate Organizations receive a 50% discount off the registration fees below, exclusive of Pre & Post, Social & AP events (membership will be verified):**  **Please note your organization:**  [ ]  CUHMA [ ]  EUBS [ ]  SPUMS [ ]  SBHM [ ]  SIMSI |
| **FEES** |
| **PRE-COURSES/Workshops: Wednesday, June 28** |
| Management of DCI in the Field and Development of Best Practice Guidelines by Expert Committee | [ ]  $180.00 |
| Hyperbaric Oxygen Safety: Clinical and Technical Issues | [ ]  $180.00 |
| How to Prepare for Accreditation | [ ]  $180.00 |
| **UHMS MEMBER FEES** |
| **THREE DAY FEE: June 29 – July 1**  |
| [ ]  **PHYSICIAN** (MD/DO/MBBS or Equivalent) [ ]  **PHD** (Researcher/Scientist)  | [ ]  $795.00 |
| [ ]  **FELLOW/RESIDENT** [ ]  **NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) [ ]  **STUDENT** | [ ] $595.00 |
| **DAILY FEES: June 29 – July 1**  |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist)  |
|  [ ]  THURSDAY: JUNE 29 | [ ]  $285.00 |
|  [ ]  FRIDAY: JUNE 30 | [ ]  $285.00 |
|  [ ]  SATURDAY: JULY 1 | [ ]  $285.00 |
| **FELLOW/RESIDENT / NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT** |  |
|  [ ]  THURSDAY: JUNE 29 | [ ]  $215.00 |
|  [ ]  FRIDAY: JUNE 30 | [ ]  $215.00 |
|  [ ]  SATURDAY: JULY 1 | [ ]  $215.00 |
| **NON-MEMBER FEES** |
| **THREE DAY FEE: June 29 - July 1**  |
| [ ]  **PHYSICIAN** (MD/DO/MBBS or Equivalent) [ ]  **PHD** (Researcher/Scientist)  | [ ]  $995.00 |
| [ ]  **FELLOW/RESIDENT** [ ]  **NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) [ ]  **STUDENT** | [ ] $695.00 |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist)  |
|  [ ]  THURSDAY: JUNE 29 | [ ]  $350.00 |
|  [ ]  FRIDAY: JUNE 30 | [ ]  $350.00 |
|  [ ]  SATURDAY: JULY 1 | [ ]  $350.00 |
| **FELLOW/RESIDENT / NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT** |  |
|  [ ]  THURSDAY: JUNE 29 | [ ]  $240.00 |
|  [ ]  FRIDAY: JUNE 30 | [ ]  $240.00 |
|  [ ]  SATURDAY: JULY 1 | [ ]  $240.00 |
| **POST-COURSES: Sunday, July 2** |
| The Reimbursement Rollercoaster-Provider & Facility Update | [ ]  $100.00 |
| **Social Functions (Attendees only)** |
| [ ]  **YES,** I will be attending the **WELCOME RECEPTION**: Wednesday, June 28 (7-9pm) |
| [ ]  **YES**, I will be attending the **EXHIBITOR RECEPTION**: Friday, June 30 (6pm-7pm) |
| [ ]  **Associate Business Luncheon**: June 29 (limited spaces–please contact UHMS–For UHMS ASSOCIATES MEMBERS ONLY) |
| [ ]  **BANQUET + AFTER PARTY: Registered Attendees** (accompanying person fees below): Saturday, July 1 (7-10pm)  After party included (10pm-12mid-night)  | [ ]  $75.00 |
| [ ]  **BANQUET ONLY: Registered Attendees** (accompanying person fees below): Saturday, July 1 | [ ]  $50.00 |
| [ ]  **AFTER PARTY ONLY: Registered Attendees** (accompanying person fees below): Saturday, July 1 (10pm-12mid-night)  | [ ]  $25.00 |
| **Accompanying Persons (per person)** |  |  |
| **NAME of Accompanying Person:  (if selecting item below)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **AP Meeting Attendance (non-medical, non CME/CEU)** includes: access to meeting, Continental breakfast, coffee breaks, lunch, welcome reception & exhibitor reception | [ ]  $395.00 x\_\_\_ |
| **AP Premium Package PLUS:** includes: Continental breakfast, coffee breaks, lunch, welcome reception, exhibitor reception, banquet & after party | [ ]  $345.00 x\_\_\_ |
| **AP Premium Package:** includes: Continental breakfast, coffee breaks, welcome reception, exhibitor reception, banquet & after party | [ ]  $245.00 x\_\_\_ |
| **AP Basic Package**: includes: welcome reception, exhibitor reception, banquet & after party | [ ]  $160.00 x\_\_\_ |
| **AP Welcome Reception**: Wednesday, June 28 | [ ]  $ 50.00 x\_\_\_ |
| **AP Exhibitor Reception**: Friday, June 30 | [ ]  $ 40.00 x\_\_\_ |
| **AP Banquet + After Party**: Saturday, July 1 | [ ]  $ 75.00 x\_\_\_ |
| **AP Banquet ONLY:** Saturday, July 1 | [ ]  $ 50.00 x\_\_\_ |
| **AP After Party ONLY:** Saturday, July 1 (10pm-12 midnight) | [ ]  $ 25.00 x\_\_\_ |
| **Printed copy of the Program**  | [ ]  $ 25.00 x\_\_\_ |
| **TOTAL AMOUNT ENCLOSED OR TO BE CHARGED: \*ALL $$ are USD\*** | **$** |
| **CANCELLATION / REFUND POLICY: $100.00 administrative fee will be held on all cancellations before JUNE 1 – AFTER June 1: 50% of registration fee. NO REFUNDS AFTER JUNE 16.** |
| **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 33408OR FAX TO: 919-490-5149 / email:** **uhms@uhms.org** **/ website:** [**www.uhms.org**](http://www.uhms.org)**REGISTER ONLINE at:** [**www.uhms.org**](http://www.uhms.org) |