



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 #			
<p>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.</p> <p>CONSENT TO USE CONTACT DETAILS:</p> <p><input type="checkbox"/> YES, I consent to my details being passed on to a third party or being used for a secondary purpose.</p> <p><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</p>					
<p>Affiliate Organizations receive a 50% discount off the registration fees below, exclusive of Pre & Post, Social & AP events (membership will be verified):</p> <p>Please note your organization: <input type="checkbox"/> CUHMA <input type="checkbox"/> EUBS <input type="checkbox"/> SPUMS <input type="checkbox"/> SBHM <input type="checkbox"/> SIMSI</p>					
FEES					
PRE-COURSES/Workshops: Wednesday, June 28					
Management of DCI in the Field and Development of Best Practice Guidelines by Expert Committee				<input type="checkbox"/> \$180.00	
Hyperbaric Oxygen Safety: Clinical and Technical Issues				<input type="checkbox"/> \$180.00	
How to Prepare for Accreditation				<input type="checkbox"/> \$180.00	
UHMS MEMBER FEES					
THREE DAY FEE: June 29 – July 1					
<input type="checkbox"/> PHYSICIAN (MD/DO/MBBS or Equivalent) <input type="checkbox"/> PHD (Researcher/Scientist)				<input type="checkbox"/> \$795.00	
<input type="checkbox"/> FELLOW/RESIDENT <input type="checkbox"/> NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) <input type="checkbox"/> STUDENT				<input type="checkbox"/> \$595.00	
DAILY FEES: June 29 – July 1					
PHYSICIAN (MD/DO/MBBS or Equivalent) / PHD (Researcher/Scientist)					
<input type="checkbox"/> THURSDAY: JUNE 29				<input type="checkbox"/> \$285.00	
<input type="checkbox"/> FRIDAY: JUNE 30				<input type="checkbox"/> \$285.00	
<input type="checkbox"/> SATURDAY: JULY 1				<input type="checkbox"/> \$285.00	
FELLOW/RESIDENT / NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) / STUDENT					
<input type="checkbox"/> THURSDAY: JUNE 29				<input type="checkbox"/> \$215.00	
<input type="checkbox"/> FRIDAY: JUNE 30				<input type="checkbox"/> \$215.00	
<input type="checkbox"/> SATURDAY: JULY 1				<input type="checkbox"/> \$215.00	
NON-MEMBER FEES					
THREE DAY FEE: June 29 - July 1					
<input type="checkbox"/> PHYSICIAN (MD/DO/MBBS or Equivalent) <input type="checkbox"/> PHD (Researcher/Scientist)				<input type="checkbox"/> \$995.00	
<input type="checkbox"/> FELLOW/RESIDENT <input type="checkbox"/> NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) <input type="checkbox"/> STUDENT				<input type="checkbox"/> \$695.00	
PHYSICIAN (MD/DO/MBBS or Equivalent) / PHD (Researcher/Scientist)					
<input type="checkbox"/> THURSDAY: JUNE 29				<input type="checkbox"/> \$350.00	
<input type="checkbox"/> FRIDAY: JUNE 30				<input type="checkbox"/> \$350.00	
<input type="checkbox"/> SATURDAY: JULY 1				<input type="checkbox"/> \$350.00	
FELLOW/RESIDENT / NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) / STUDENT					
<input type="checkbox"/> THURSDAY: JUNE 29				<input type="checkbox"/> \$240.00	
<input type="checkbox"/> FRIDAY: JUNE 30				<input type="checkbox"/> \$240.00	
<input type="checkbox"/> SATURDAY: JULY 1				<input type="checkbox"/> \$240.00	
POST-COURSES: Sunday, July 2					
The Reimbursement Rollercoaster-Provider & Facility Update				<input type="checkbox"/> \$100.00	

Social Functions (Attendees only)

<input type="checkbox"/> YES, I will be attending the WELCOME RECEPTION : Wednesday, June 28 (7-9pm)	
<input type="checkbox"/> YES, I will be attending the EXHIBITOR RECEPTION : Friday, June 30 (6pm-7pm)	
<input type="checkbox"/> Associate Business Luncheon : June 29 (limited spaces—please contact UHMS—For UHMS ASSOCIATES MEMBERS ONLY)	
<input type="checkbox"/> BANQUET + AFTER PARTY: Registered Attendees (accompanying person fees below): Saturday, July 1 (7-10pm) After party included (10pm-12mid-night)	<input type="checkbox"/> \$75.00
<input type="checkbox"/> BANQUET ONLY: Registered Attendees (accompanying person fees below): Saturday, July 1	<input type="checkbox"/> \$50.00
<input type="checkbox"/> AFTER PARTY ONLY: Registered Attendees (accompanying person fees below): Saturday, July 1 (10pm-12mid-night)	<input type="checkbox"/> \$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	<input type="checkbox"/> \$395.00 x ___
AP Premium Package PLUS: includes: Continental breakfast, coffee breaks, lunch, welcome reception, exhibitor reception, banquet & after party	<input type="checkbox"/> \$345.00 x ___
AP Premium Package: includes: Continental breakfast, coffee breaks, welcome reception, exhibitor reception, banquet & after party	<input type="checkbox"/> \$245.00 x ___
AP Basic Package: includes: welcome reception, exhibitor reception, banquet & after party	<input type="checkbox"/> \$160.00 x ___
AP Welcome Reception: Wednesday, June 28	<input type="checkbox"/> \$ 50.00 x ___
AP Exhibitor Reception: Friday, June 30	<input type="checkbox"/> \$ 40.00 x ___
AP Banquet + After Party: Saturday, July 1	<input type="checkbox"/> \$ 75.00 x ___
AP Banquet ONLY: Saturday, July 1	<input type="checkbox"/> \$ 50.00 x ___
AP After Party ONLY: Saturday, July 1 (10pm-12 midnight)	<input type="checkbox"/> \$ 25.00 x ___

Printed copy of the Program	<input type="checkbox"/> \$ 25.00 x ___
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TOTAL AMOUNT ENCLOSED OR TO BE CHARGED: *ALL \$\$ are USD*	\$
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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

<input type="checkbox"/> Check/Money Order (make payable to UHMS)					<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard		<input type="checkbox"/> American Express		<input type="checkbox"/> Diners		<input type="checkbox"/> 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