Undersea & Hyperbaric Medical Society

**2018 Annual Scientific Meeting  
Disney’s Coronado Springs Resort, Lake Buena Vista, FL  
JUNE 28 – JUNE 30 /** **Pre-Courses: June 27**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 | | | | | | |
| **FEES** | | | | | | | | | | | | | |
| **PRE-COURSES/Workshops: Wednesday, June 27** | | | | | | | | | | | | | |
| **Mapping a Course through the Reimbursement Quagmire** | | | | | | | | | | | $180.00 | | |
| **Differential Diagnosis of Decompression Illness** | | | | | | | | | | | $180.00 | | |
| How to Prepare for Accreditation | | | | | | | | | | | $180.00 | | |
| **UHMS MEMBER FEES** | | | | | | | | | | | | | |
| **THREE DAY FEE: June 28 – June 30** | | | | | | | | | | | | | |
| **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 28 – June 30** | | | | | | | | | | | | | |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist) | | | | | | | | | | | | | |
| THURSDAY: JUNE 28 | | | | | | | | | | | $285.00 | | |
| FRIDAY: JUNE 29 | | | | | | | | | | | $285.00 | | |
| SATURDAY: June 30 | | | | | | | | | | | $285.00 | | |
| **FELLOW/RESIDENT / NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT** | | | | | | | | | | |  | | |
| THURSDAY: JUNE 28 | | | | | | | | | | | $215.00 | | |
| FRIDAY: JUNE 29 | | | | | | | | | | | $215.00 | | |
| SATURDAY: June 30 | | | | | | | | | | | $215.00 | | |
| **NON-MEMBER FEES** | | | | | | | | | | | | | |
| **THREE DAY FEE: June 28 – June 30** | | | | | | | | | | | | | |
| **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 | | |
| **DAILY FEES: June 28 – June 30** | | | | | | | | | | | | | |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist) | | | | | | | | | | | | | |
| THURSDAY: JUNE 28 | | | | | | | | | | | $350.00 | | |
| FRIDAY: JUNE 29 | | | | | | | | | | | $350.00 | | |
| SATURDAY: June 30 | | | | | | | | | | | $350.00 | | |
| **FELLOW/RESIDENT / NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT** | | | | | | | | | | |  | | |
| THURSDAY: JUNE 28 | | | | | | | | | | | $240.00 | | |
| FRIDAY: JUNE 29 | | | | | | | | | | | $240.00 | | |
| SATURDAY: June 30 | | | | | | | | | | | $240.00 | | |
| **Social Functions (Attendees only)** | | | | | | | | | | | | | |
| **YES,** I will be attending the **WELCOME RECEPTION**: Wednesday, June 27 (7-9pm) | | | | | | | | | | | | | |
| **YES**, I will be attending the **EXHIBITOR RECEPTION**: Thursday, June 28 (6pm-7pm) | | | | | | | | | | | | | |
| **Associate Business Luncheon**: June 28 (limited spaces–please contact UHMS–For UHMS ASSOCIATES MEMBERS ONLY) | | | | | | | | | | | | | |
| **BANQUET + AFTER PARTY: Registered Attendees** (accompanying person fees below): Saturday, June 30 (7-10pm)   After party included (10pm-12mid-night) | | | | | | | | | | | $100.00 | | |
| **BANQUET ONLY: Registered Attendees** (accompanying person fees below): Saturday, June 30 | | | | | | | | | | | $75.00 | | |
| **AFTER PARTY ONLY: Registered Attendees** (accompanying person fees below): Saturday, June 30 (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, welcome reception & exhibitor reception | | | | | | | | | | | $395.00 x\_\_\_ | | |
| **AP Premium Package:** includes: Continental breakfast, coffee breaks, welcome reception, exhibitor reception, banquet & after party | | | | | | | | | | | $255.00 x\_\_\_ | | |
| **AP Basic Package**: includes: welcome reception, exhibitor reception, banquet & after party | | | | | | | | | | | $180.00 x\_\_\_ | | |
| **AP Welcome Reception**: Wednesday, June 27 | | | | | | | | | | | $ 50.00 x\_\_\_ | | |
| **AP Exhibitor Reception**: Thursday, June 28 | | | | | | | | | | | $ 40.00 x\_\_\_ | | |
| **AP Banquet + After Party**: Saturday, June 30 | | | | | | | | | | | $ 100.00 x\_\_\_ | | |
| **AP Banquet ONLY:** Saturday, June 30 | | | | | | | | | | | $ 75.00 x\_\_\_ | | |
| **AP After Party ONLY:** Saturday, June 30 (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 33408 OR FAX TO: 919-490-5149 / email:** [**uhms@uhms.org**](mailto:uhms@uhms.org) **/ website:** [**www.uhms.org**](http://www.uhms.org)  **REGISTER ONLINE at:** [**www.uhms.org**](http://www.uhms.org) | | | | | | | | | | | | | |