Undersea & Hyperbaric Medical Society

**2019 Annual Scientific Meeting  
Wyndham Grand Rio Mar Puerto Rico Golf & Beach Resort  
JUNE 27 – JUNE 29 /** **Pre-Courses: June 26**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?** | | | | **YES  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:** | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | **Before May 1** | | | | | | | | **After May 1** | | |
| **PRE-COURSES/Workshops: Wednesday, June 26 (rates include breaks & lunch)** | | | | | | | | | | | | | | | | | | | | |
| **Treatment of Decompression Illness in Recreational Diving** | | | | | | | | | | | $180 | | | | | | | $200 | | |
| **Hyperbaric Oxygen Safety: Clinical and Technical Issues** | | | | | | | | | | | $180 | | | | | | | $200 | | |
| How to Prepare for Accreditation | | | | | | | | | | | $180 | | | | | | | $200 | | |
| **UHMS MEMBER FEES (rates include breaks, lunch & Welcome reception)** | | | | | | | | | | | | | | | | | | | | |
| **THREE DAY FEE: June 27 – June 29** | | | | | | | | | | | | | | | | | | | | |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent)  **PHD** (Researcher/Scientist) | | | | | | | | | | | | $795 | | | | | | $845 | | |
| **FELLOW/RESIDENT**  **NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.)  **STUDENT** | | | | | | | | | | | | $595 | | | | | | $645 | | |
| **DAILY FEES: June 27 – June 29** | | | | | | | | | | | | | | | | | | | | |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist) | | | | | | | | | | | | | | | | | | | | |
| THURSDAY: JUNE 27 | | | | | | | | | | | | | $285 | | | | | $298 | | |
| FRIDAY: JUNE 28 | | | | | | | | | | | | | $285 | | | | | $298 | | |
| SATURDAY: June 29 | | | | | | | | | | | | | $285 | | | | | $298 | | |
| **FELLOW/RESIDENT / NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT** | | | | | | | | | | | | |  | | | | |  | | |
| THURSDAY: JUNE 27 | | | | | | | | | | | | | $215 | | | | | $228 | | |
| FRIDAY: JUNE 28 | | | | | | | | | | | | | $215 | | | | | $228 | | |
| SATURDAY: June 29 | | | | | | | | | | | | | $215 | | | | | $228 | | |
| **NON-MEMBER FEES (rates include breaks, lunch & Welcome reception)** | | | | | | | | | | | | | | | | | | | | |
| **THREE DAY FEE: June 27 – June 29** | | | | | | | | | | | | | | | | | | | | |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent)  **PHD** (Researcher/Scientist) | | | | | | | | | | | | $995 | | | | | | $1045 | | |
| **FELLOW/RESIDENT**  **NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.)  **STUDENT** | | | | | | | | | | | | $695 | | | | | | $745 | | |
| **DAILY FEES: June 27 – June 29** | | | | | | | | | | | | | | | | | | | | |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist) | | | | | | | | | | | | | | | | | | | | |
| THURSDAY: JUNE 27 | | | | | | | | | | | | | | $350 | | | | $363 | | |
| FRIDAY: JUNE 28 | | | | | | | | | | | | | | $350 | | | | $363 | | |
| SATURDAY: June 29 | | | | | | | | | | | | | | $350 | | | | $363 | | |
| **FELLOW/RESIDENT / NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT** | | | | | | | | | | | | | |  | | | |  | | |
| THURSDAY: JUNE 27 | | | | | | | | | | | | | | $240 | | | | $253 | | |
| FRIDAY: JUNE 28 | | | | | | | | | | | | | | $240 | | | | $253 | | |
| SATURDAY: June 29 | | | | | | | | | | | | | | $240 | | | | $253 | | |
| **Social Functions (Attendees only)** | | | | | | | | | | | | | | | | | | | | |
| **YES,** I will be attending the **WELCOME RECEPTION**: Wednesday, June 26 (7-9pm) | | | | | | | | | | | | | | | | | | | | |
| **YES**, I will be attending the **EXHIBITOR RECEPTION**: Thursday, June 27 (6pm-7pm) | | | | | | | | | | | | | | | | | | | | |
| **Associate Business Luncheon**: June 28 (limited spaces–please contact UHMS–For UHMS ASSOCIATES (non-physician) MEMBERS ONLY) | | | | | | | | | | | | | | | | | | | | |
| **BANQUET: Registered Attendees** (accompanying person fees below): Saturday, June 29 | | | | | | | | | | | | | | | | | | $75.00 | | |
| **AFTER PARTY: Registered Attendees** (accompanying person fees below): Saturday, June 29 (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 | | | | | | | | | | | | | | | | | | $455.00 x\_\_\_ | | |
| **AP Premium Package Plus:** includes: Continental breakfast, coffee breaks, lunch, welcome reception, exhibitor reception, banquet & after party | | | | | | | | | | | | | | | | | | $350.00 x\_\_\_ | | |
| **AP Premium Package:** includes: Continental breakfast, coffee breaks, lunch, welcome reception, exhibitor reception, banquet | | | | | | | | | | | | | | | | | | $335.00 x\_\_\_ | | |
| **AP Package:** includes: Continental breakfast, coffee breaks, lunch, welcome reception, exhibitor reception | | | | | | | | | | | | | | | | | | $310.00 x\_\_\_ | | |
| **AP Basic**: includes: Continental breakfast, coffee breaks, welcome reception, exhibitor reception | | | | | | | | | | | | | | | | | | $295.00 x\_\_\_ | | |
| **AP Welcome Reception**: Wednesday, June 26 | | | | | | | | | | | | | | | | | | $ 50.00 x\_\_\_ | | |
| **AP Exhibitor Reception**: Thursday, June 27 | | | | | | | | | | | | | | | | | | $ 40.00 x\_\_\_ | | |
| **AP Banquet ONLY:** Saturday, June 29 | | | | | | | | | | | | | | | | | | $ 75.00 x\_\_\_ | | |
| **AP After Party ONLY:** Saturday, June 29 (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 administrative fee will be held on all MEETING(S)/COURSE(S) cancellations from the time you register, until 1 month prior to the meeting/course date.  50% of fees will be held on all cancellations one (1) month prior to start of meeting/course date.  NO REFUNDS will be issued one (1) month before the meeting/course 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**](mailto:uhms@uhms.org) **/ website:** [**www.uhms.org**](http://www.uhms.org)  **REGISTER ONLINE at:** [**www.uhms.org**](http://www.uhms.org) | | | | | | | | | | | | | | | | | | | | |