



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 #			

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 26

Safety	<input type="checkbox"/> \$180.00
Diving	<input type="checkbox"/> \$180.00
How to Prepare for Accreditation	<input type="checkbox"/> \$180.00

UHMS MEMBER FEES

THREE DAY FEE: June 27 – June 29

<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 27 – June 29

PHYSICIAN (MD/DO/MBBS or Equivalent) / PHD (Researcher/Scientist)	
<input type="checkbox"/> THURSDAY: JUNE 27	<input type="checkbox"/> \$285.00
<input type="checkbox"/> FRIDAY: JUNE 28	<input type="checkbox"/> \$285.00
<input type="checkbox"/> SATURDAY: June 29	<input type="checkbox"/> \$285.00
FELLOW/RESIDENT / NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) / STUDENT	
<input type="checkbox"/> THURSDAY: JUNE 27	<input type="checkbox"/> \$215.00
<input type="checkbox"/> FRIDAY: JUNE 28	<input type="checkbox"/> \$215.00
<input type="checkbox"/> SATURDAY: June 29	<input type="checkbox"/> \$215.00

NON-MEMBER FEES

THREE DAY FEE: June 27 – June 29

<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

DAILY FEES: June 27 – June 29

PHYSICIAN (MD/DO/MBBS or Equivalent) / PHD (Researcher/Scientist)	
<input type="checkbox"/> THURSDAY: JUNE 27	<input type="checkbox"/> \$350.00
<input type="checkbox"/> FRIDAY: JUNE 28	<input type="checkbox"/> \$350.00
<input type="checkbox"/> SATURDAY: June 29	<input type="checkbox"/> \$350.00
FELLOW/RESIDENT / NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) / STUDENT	
<input type="checkbox"/> THURSDAY: JUNE 27	<input type="checkbox"/> \$240.00
<input type="checkbox"/> FRIDAY: JUNE 28	<input type="checkbox"/> \$240.00
<input type="checkbox"/> SATURDAY: June 29	<input type="checkbox"/> \$240.00

Social Functions (Attendees only)

<input type="checkbox"/> YES, I will be attending the WELCOME RECEPTION : Wednesday, June 26 (7-9pm)	
<input type="checkbox"/> YES, I will be attending the EXHIBITOR RECEPTION : Thursday, June 27 (6pm-7pm)	
<input type="checkbox"/> Associate Business Luncheon : June 28 (limited spaces—please contact UHMS—For UHMS ASSOCIATES (non-physician) MEMBERS ONLY)	
<input type="checkbox"/> BANQUET: Registered Attendees (accompanying person fees below): Saturday, June 29	<input type="checkbox"/> \$75.00
<input type="checkbox"/> AFTER PARTY: Registered Attendees (accompanying person fees below): Saturday, June 29 (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, welcome reception & exhibitor reception	<input type="checkbox"/> \$415.00 x ___
AP Premium Package : includes: Continental breakfast, coffee breaks, welcome reception, exhibitor reception, banquet & after party	<input type="checkbox"/> \$295.00 x ___
AP Basic Package : includes: Continental breakfast, coffee breaks, welcome reception, exhibitor reception	<input type="checkbox"/> \$220.00 x ___
AP Welcome Reception : Wednesday, June 26	<input type="checkbox"/> \$ 50.00 x ___
AP Exhibitor Reception : Thursday, June 27	<input type="checkbox"/> \$ 40.00 x ___
AP Banquet ONLY : Saturday, June 29	<input type="checkbox"/> \$ 75.00 x ___
AP After Party ONLY : Saturday, June 29 (10pm-12 midnight)	<input type="checkbox"/> \$ 25.00 x ___
Printed copy of the Program	<input type="checkbox"/> \$ 25.00 x ___

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