



Undersea & Hyperbaric Medical Society 2019 Gulf Chapter Meeting September 6-7 REGISTRATION FORM

Last Name		First Name		Degree	
Address					
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:

<input type="checkbox"/> YES , I consent to my details being passed on to a third party or being used for a secondary purpose.	<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
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UHMS MEMBER FEES

PHYSICIAN (MD/DO/MBBS or Equivalent) / PHD (Researcher/Scientist)	
<input type="checkbox"/> FRIDAY, Sept 6 (12n-5:30pm)	<input type="checkbox"/> \$100
<input type="checkbox"/> SATURDAY: Sept 7 (8am-6pm)	<input type="checkbox"/> \$200
FELLOW/RESIDENT / NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) / STUDENT	
<input type="checkbox"/> FRIDAY, Sept 6 (12n-5:30pm)	<input type="checkbox"/> \$ 80
<input type="checkbox"/> SATURDAY: Sept 7 (8am-6pm)	<input type="checkbox"/> \$160

NON-MEMBER FEES

PHYSICIAN (MD/DO/MBBS or Equivalent) / PHD (Researcher/Scientist)	
<input type="checkbox"/> FRIDAY, Sept 6 (12n-5:30pm)	<input type="checkbox"/> \$120
<input type="checkbox"/> SATURDAY: Sept 7 (8am-6pm)	<input type="checkbox"/> \$240
FELLOW/RESIDENT / NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) / STUDENT	
<input type="checkbox"/> FRIDAY, Sept 6 (12n-5:30pm)	<input type="checkbox"/> \$100
<input type="checkbox"/> SATURDAY: Sept 7 (8am-6pm)	<input type="checkbox"/> \$200

Social Functions (Attendees only)

<input type="checkbox"/> YES , I will be attending the WELCOME RECEPTION : Friday, Sept 6, 6:30pm-7:30pm	INCLUDED
<input type="checkbox"/> BANQUET \$50 (attendee) : Saturday, Sept 7: 7:30pm-9:30pm	<input type="checkbox"/> \$50

Accompanying Persons (per person)

<input type="checkbox"/> ACCOMPANYING PERSONS : Additional WELCOME RECEPTION Tickets	___ x \$40
<input type="checkbox"/> ACCOMPANYING PERSONS : Additional BANQUET Tickets	___ x \$50

TOTAL AMOUNT ENCLOSED OR TO BE CHARGED: *ALL \$\$ are USD* \$

CHAPTER CANCELLATION/REFUND POLICY: \$50 administrative fee will be held on all cancellations three (3) months prior to start of meeting date. 50% of fees will be held on all cancellations one (1) month to two weeks prior to start of meeting date. NO REFUNDS two weeks prior to or after the meeting date.

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