



# 2017 Midwest Chapter Meeting September 16-17 Registration Form

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ Suffix: \_\_\_\_\_ Degrees: \_\_\_\_\_

Address \_\_\_\_\_  
 Add2 (if needed) \_\_\_\_\_  
 City/Town \_\_\_\_\_  
 State/Province \_\_\_\_\_ Daytime # \_\_\_\_\_  
 Zip/Postal Code \_\_\_\_\_ Fax # \_\_\_\_\_  
 Country \_\_\_\_\_ Email: \_\_\_\_\_

<b>Privacy Consent</b>	
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.	
<b>Consent to Use Contact Details</b>	
<input type="checkbox"/> <b>YES</b> , I consent to my details being passed on to a third party or being used for a secondary purpose	<input type="checkbox"/> <b>NO</b> , I do not consent to my details being passed on to a third party or being used for a secondary purpose

CONFERENCE REGISTRATION – ALL FUNDS ARE IN US DOLLARS	FEES
<b>UHMS MEMBER FEES: all fees include Continuing Education Credits (Day 1: 8 / Day 2: 4)</b>	
<input type="checkbox"/> <b>PHYSICIAN</b> (MD/DO/MBBS or Equivalent) <input type="checkbox"/> <b>PHD</b> (Researcher/Scientist)	\$ 300.00
<input type="checkbox"/> <b>NON-PHYSICIAN</b> (CHT/CHRN/RN/RRT/DMT/PA, etc.) <input type="checkbox"/> <b>STUDENT (full-time)</b>	\$ 240.00
<b>NON-UHMS MEMBER FEES: All fees include Continuing Education Credits (Day 1: 8 / Day 2: 4)</b>	
<input type="checkbox"/> <b>PHYSICIAN</b> (MD/DO/MBBS or Equivalent) <input type="checkbox"/> <b>PHD</b> (Researcher/Scientist)	\$ 360.00
<input type="checkbox"/> <b>NON-PHYSICIAN</b> (CHT/CHRN/RN/RRT/DMT/PA, etc.) <input type="checkbox"/> <b>STUDENT (full-time)</b>	\$ 300.00
<b>SOCIAL EVENTS:</b>	
ATTENDEE RECEPTION: YES, I will be attending: Saturday, 6pm-8pm	Included
ACCOMPANYING PERSONS: Additional Social Tickets	\$40.00 ea.
<b>CONTINUING EDUCATION CREDITS: to obtain credits: fill out online evaluation to receive credits (link will be emailed)</b>	

**CANCELLATION/REFUND POLICY:** Cancellations before September 1 will be subject to a \$50.00 administrative fee. . NO REFUND for any cancellations after September 1, 2017. By registering, you accept the terms and conditions of the meeting.

**PAYMENT INFORMATION \*\*USD ONLY\*\***

TOTAL AMOUNT ENCLOSED OR TO BE CHARGED:    \$ \_\_\_\_\_

<input type="checkbox"/>	Check/Money Order enclosed (Must be made payable to UHMS and be <b>USD only</b> )		
<input type="checkbox"/>	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Diners		
Card Number	_____	Expiration Date	_____
Name on Card	_____	Billing Zip Code	_____
Card holders Signature	_____		
		Security Card Code	_____

**MAIL WITH PAYMENT TO:**  
 UHMS, 631 US Highway 1, Suite 307  
 North Palm Beach, FL 33408

**FAX TO: 919-490-5149 / Questions, contact Lisa Tidd at 877-533-UHMS/919-490-5140 or [lisa@uhms.org](mailto:lisa@uhms.org)**