



**Undersea & Hyperbaric Medical Society
2019 Mid-west Chapter Meeting
September 28-29
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:

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

UHMS MEMBER FEES

SEPTEMBER 28-29

PHYSICIAN (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist)

SATURDAY: September 28 \$200
 SUNDAY: September 29 \$100

FELLOW/RESIDENT / NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT**

SATURDAY: September 28 \$160
 SUNDAY: September 29 \$ 80

NON-MEMBER FEES

SEPTEMBER 28-29

PHYSICIAN (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist)

SATURDAY: September 28 \$240
 SUNDAY: September 29 \$120

FELLOW/RESIDENT / NON-PHYSICIAN (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT**

SATURDAY: September 28 \$200
 SUNDAY: September 29 \$100

Social Functions (Attendees only)

YES, I will be attending the **WELCOME RECEPTION**: Saturday, 6:30 PM – 9:30 PM INCLUDED

Accompanying Persons (per person)

ACCOMPANYING PERSONS: Additional **DECOMPRESSION RECEPTION** Tickets ___ x \$40

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

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 / website: www.uhms.org**