Undersea & Hyperbaric Medical Society

**2017 Northeast Chapter Meeting
October 27-29
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** |
| **THREE DAY FEE: OCTOBER 27-29**  |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist)  |
|  [ ]  FRIDAY, October 27 | [ ]  $118 |
|  [ ]  SATURDAY: October 28 | [ ]  $188 |
|  [ ]  SUNDAY: October 29 | [ ]  $ 94 |
| **FELLOW/RESIDENT / NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT** |  |
|  [ ]  FRIDAY, October 27 | [ ]  $ 95 |
|  [ ]  SATURDAY: October 28 | [ ]  $150 |
|  [ ]  SUNDAY: October 29 | [ ]  $ 75 |
| **NON-MEMBER FEES** |
| **THREE DAY FEE: OCTOBER 27-29**  |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist)  |
|  [ ]  FRIDAY, October 27 | [ ]  $142 |
|  [ ]  SATURDAY: October 28 | [ ]  $225 |
|  [ ]  SUNDAY: October 29 | [ ]  $113 |
| **FELLOW/RESIDENT / NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT** |  |
|  [ ]  FRIDAY, October 27 | [ ]  $118 |
|  [ ]  SATURDAY: October 28 | [ ]  $188 |
|  [ ]  SUNDAY: October 29 | [ ]  $ 94 |
| **Social Functions (Attendees only)** |
| [ ]  **YES,** I will be attending the **DECOMPRESSION RECEPTION**: Saturday, 6pm-8pm | INCLUDED |
| [ ]  **YES**, I will be attending the **LUNCH**: Saturday | INCLUDED |
| **Accompanying Persons (per person)** |  |
| [ ]  **ACCOMPANYING PERSONS**: Additional **DECOMPRESSION RECEPTION** Tickets | \_\_\_ x $40 |
| [ ]  **ACCOMPANYING PERSONS**: Additional **LUNCH** Tickets | \_\_\_ x $40 |
| **TOTAL AMOUNT ENCLOSED OR TO BE CHARGED: \*ALL $$ are USD\*** | **$** |
| **CANCELLATION/REFUNDS: Cancellations before October 1 will be subject to a $50.00 administrative fee.  NO REFUND for any cancellations after October 1, 2017. By registering, you accept the terms and conditions of the meeting.** |
| **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 33408OR FAX TO: 919-490-5149 / email:** **uhms@uhms.org** **/ website:** [**www.uhms.org**](http://www.uhms.org) |