Undersea & Hyperbaric Medical Society

**2018 Northeast Chapter Meeting  
October 20-21  
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** | | | | | | | | | | | | | |
| **OCTOBER 20-21** | | | | | | | | | | | | | |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist) | | | | | | | | | | | | | |
| SATURDAY: October 20 | | | | | | | | | | | $200 | | |
| SUNDAY: October 21 | | | | | | | | | | | $100 | | |
| **FELLOW/RESIDENT / NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT** | | | | | | | | | | |  | | |
| SATURDAY: October 20 | | | | | | | | | | | $160 | | |
| SUNDAY: October 21 | | | | | | | | | | | $ 80 | | |
| **NON-MEMBER FEES** | | | | | | | | | | | | | |
| **OCTOBER 20-21** | | | | | | | | | | | | | |
| **PHYSICIAN** (MD/DO/MBBS or Equivalent) / **PHD** (Researcher/Scientist) | | | | | | | | | | | | | |
| SATURDAY: October 20 | | | | | | | | | | | $240 | | |
| SUNDAY: October 21 | | | | | | | | | | | $120 | | |
| **FELLOW/RESIDENT / NON-PHYSICIAN** (CHT/CHRN/RN/RRT/DMT/PA, etc.) / **STUDENT** | | | | | | | | | | |  | | |
| SATURDAY: October 20 | | | | | | | | | | | $200 | | |
| SUNDAY: October 21 | | | | | | | | | | | $100 | | |
| **Social Functions (Attendees only)** | | | | | | | | | | | | | |
| **YES,** I will be attending the **DECOMPRESSION RECEPTION**: Saturday, 6pm-8pm | | | | | | | | | | | 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**](mailto:uhms@uhms.org) **/ website:** [**www.uhms.org**](http://www.uhms.org) | | | | | | | | | | | | | |