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 / website: www.uhms.org