



**Undersea & Hyperbaric Medical Society  
2019 Pacific Chapter Meeting  
November 9-10  
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:**

<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
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**UHMS MEMBER FEES**

**NOVEMBER 9-10**

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

<input type="checkbox"/> SATURDAY: November 9	<input type="checkbox"/> \$200
<input type="checkbox"/> SUNDAY: November 10	<input type="checkbox"/> \$100

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

<input type="checkbox"/> SATURDAY: November 9	<input type="checkbox"/> \$160
<input type="checkbox"/> SUNDAY: November 10	<input type="checkbox"/> \$ 80

**NON-MEMBER FEES**

**NOVEMBER 9-10**

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

<input type="checkbox"/> SATURDAY: November 9	<input type="checkbox"/> \$240
<input type="checkbox"/> SUNDAY: November 10	<input type="checkbox"/> \$120

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

<input type="checkbox"/> SATURDAY: November 9	<input type="checkbox"/> \$200
<input type="checkbox"/> SUNDAY: November 10	<input type="checkbox"/> \$100

**Social Functions** (Attendees only)

<input type="checkbox"/> <b>YES</b> , I will be attending the <b>WELCOME RECEPTION: Friday, November 8, 6pm-7pm</b>	INCLUDED
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**Accompanying Persons** (per person)

<input type="checkbox"/> <b>ACCOMPANYING PERSONS:</b> Additional <b>WELCOME RECEPTION</b> Tickets	___ x \$40
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**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)**