



Medical Examiner of Divers Course September 19-22, 2019 Registration Form

Last Name: _____ **First:** _____ **MI:** _____ **Suffix:** _____ **Degrees:** _____
Enter the name that you would like to appear on your name badge: _____
Address _____
Add2 (if needed) _____
City/Town _____
State/Province _____ **Daytime #** _____
Zip/Postal Code _____ **Fax #** _____
Country _____ **Email:** _____

CONFERENCE REGISTRATION – ALL FUNDS ARE IN US DOLLARS		
UHMS MEMBER FEES: all fees include Continuing Education Credits		
Physician Member Rate		\$ 895
Renewal Member Rate: two days (Sept 21-22)		\$ 425
NON-UHMS MEMBER FEES: All fees include Continuing Education Credits		
Physician Non-Member Rate		\$ 995
Renewal: two day (Sept 21-22)		\$ 475
NON-PHYSICIAN FEES: All fees include Continuing Education Credits		
Nurse Practitioner/Physician Assistant		\$ 550
DMT/EMT		\$ 375
CONTINUING EDUCATION CREDITS: to obtain credits: fill out online evaluation to receive credits (link will be emailed)		

CANCELLATION/REFUND POLICY: \$100.00 administrative fee will be held 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 **USD ONLY**			
<input type="checkbox"/>	Check/Money Order enclosed (Must be made payable to UHMS and be USD only)		
<input type="checkbox"/>	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Diners		
Card Number	_____	Expiration Date	_____
Name on Card	_____	Billing Zip Code	_____
Card holders Signature	_____		
		Security Card Code	_____

MAIL WITH PAYMENT TO:
UHMS
631 US Highway 1, Suite 307,
North Palm Beach, FL 33408
FAX TO: 919-490-5149 / Questions, contact Lisa Tidd at 877-533-UHMS/919-490-5140 or lisa@uhms.org