



UHMS-NOAA Physicians Training in Diving Medicine

October 21-November 1, 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: _____

Place of Affiliation
(work/organization) _____

Work Title _____

Foreign Nationals must list the dates of their last 3 trips to the United States

From/To _____

From/To _____

From/To _____

CONFERENCE REGISTRATION – ALL FUNDS ARE IN US DOLLARS

UHMS MEMBER FEES: all fees include Continuing Education Credits

Physician Member Rate		\$ 1,500
Fellow/Resident/Non-Physician: Member Rate		\$ 1,125

NON-UHMS MEMBER FEES: All fees include Continuing Education Credits

Physician Non-Member Rate		\$ 1,750
Fellow/Resident/Non-Physician: Non-Member Rate		\$ 1,375

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 course date. 50% of fees will be held on all cancellations one (1) month to two weeks prior to start of course date. NO REFUNDS two weeks prior to or after the course date.

PAYMENT INFORMATION **USD ONLY**

<input type="checkbox"/> Check/Money Order (make payable to UHMS) <input type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Diners <input type="checkbox"/> 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

FAX TO: 919-490-5149 / Questions, contact Lisa Tidd at 877-533-UHMS/919-490-5140 or lisa@uhms.org