



# UHMS 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** \_\_\_\_\_

**CONFERENCE REGISTRATION – ALL FUNDS ARE IN US DOLLARS**

**UHMS MEMBER FEES: all fees include Continuing Education Credits**

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

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

<b>Physician Non-Member Rate</b>		\$ 1,750
<b>Fellow/Resident/Non-Physician: Non-Member Rate</b>		\$ 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](mailto:lisa@uhms.org)**