

2014 Gulf Coast Chapter Meeting September 12-13 Registration Form



Last Name:	First:	MI:	Suffix:	Degrees:	
Enter the name th	at you would like to appear on your name badge:				
Address					
Add2 (if needed)					
City/Town		— Davima #			
State/Province Zip/Postal Code		Daytime # Fax #			
Country		Email:			
Country					
Privacy Consent					
	his conference, relevant details (name/address) will be inco			of all delegates, a	nd also may be
made available to Consent to Use (parties directly related to the conference including accomm	odation suppliers and spo	nsors.		
	sent to my details being passed on to a third party or	NO. I do not c	onsent to my deta	ails being passed	on to a third
	d for a secondary purpose		used for a secon		
· -					<u>.</u>
				Early, Before	After
CONFERENCE	REGISTRATION – ALL FUNDS ARE IN US DOLLARS			8/20/2014	8/20/2014
UHMS ME	MBER FEES: all fees include Continuing	Education Credi	ts		
	ation-includes reception (Sept 11-13)	9		\$300.00	\$400.00
	ne Day Fee (Sept 11)			\$100.00	\$200.00
	Day Fee (Sept 12) – includes reception			\$175.00	\$275.00
Saturday Or	ne Day Fee - (Sept 13)			\$175.00	\$275.00
NON-UHMS MEMBER FEES: All fees include Continuing Education Credits					
	ation-includes reception (Sept 11-13)			\$400.00	\$500.00
	ne Day Fee (Sept 11)			\$150.00	\$250.00
	Day Fee (Sept 12) – includes reception			\$225.00	\$325.00
	ne Day Fee – (Sept 13)			\$225.00	\$325.00
GUEST DIVER FEES (NON-MEDICAL)					
One Day ON	LY: THURSDAY Afternoon (Sept 11: 3pm-7:30pm)			\$25.00	\$25.00
DAN Certif	fication in Neurological Assessment			early	after 8/27/14
Thursday, S	eptember 11: 7:30pm-8:30pm			\$35.00	\$45.00
MAINTENANCE OF CERTIFICATION FOR THE ABPM					
MOC Credits				\$30.00	\$30.00
SOCIAL EVENTS:					
	: ATTENDEE: YES will be attending: Friday, Sept 12: 6-			Included	Included
	: ACCOMPANYING PERSONS: Additional Reception Tic	kets & Saturday Only A	Attendees \$	40.00ea	\$50.00 ea
	ATTENDEE: SATURDAY, SEPT 13: 6-8pm	_		\$60.00	\$70.00
	ACCOMPANYING PERSONS: Additional Banquet Ticket			60.00ea	\$70.00 ea
CONTINU	ING EDUCATION CREDITS: to obtain cre	edits: fill out online eval	uation to receive	e credits (link w	ill be emailed)
CANCELL	AMERICAN PRESENTS DOLLOW CO. 11 42 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 111 11 44 650	00 1 1 1 1 1 1 1	6 6 11.4	6 I I 10 /I
	ATION/REFUND POLICY: Cancellations before July 12, 20 6 of registration fee will be held. NO REFUND for any cancell				•
•	of registration fee will be field. NO REFUND for any cancel of the meeting.	ations after September 1, 2	2014. By registeri	ng, you accept the	ternis and
PAYMENT IN	FORMATION **USD ONLY**				
Check/Mo	ney Order enclosed (Must be made payable to UHMS and be USI	O only)			
Visa	Master Card American Express Diners				
Card Number	Expiration D	Oate Sec	urity Card Code	·-	
Name on Card	Billing Zip Co	ode			
Card holders					
Signature					