



2014 Pacific Chapter Meeting August 22-23, 2014 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: _____

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

YES, I consent to my details being passed on to a third party or being used for a secondary purpose

NO, I do not consent to my details being passed on to a third party or being used for a secondary purpose

| CONFERENCE REGISTRATION – ALL FUNDS ARE IN US DOLLARS | | Early, Before 8/4/2014 | After 8/4/2014 |
|--|--|---------------------------|-------------------|
| UHMS MEMBER FEES: all fees include Continuing Education Credits | | | |
| | Two Days -includes reception (Aug 22-23) | \$300.00 | \$400.00 |
| | Friday One Day Fee (Aug 22: 8am-5pm) | \$175.00 | \$275.00 |
| | Saturday One Day Fee (Aug 23::8am - 5pm) | \$175.00 | \$275.00 |
| NON-UHMS MEMBER FEES: All fees include Continuing Education Credits | | | |
| | Two Days -includes reception (Aug 22-23) | \$400.00 | \$500.00 |
| | Friday One Day Fee (Aug 22: 8am-5pm) | \$225.00 | \$325.00 |
| | Saturday One Day Fee (Aug 23::8am - 5pm) | \$225.00 | \$325.00 |
| GUEST DIVER FEES (NON-MEDICAL) | | | |
| | One Day ONLY: Saturday (Aug 23: 8am-5pm) Earlybird discount does NOT apply | \$50.00 | \$50.00 |
| MAINTENANCE OF CERTIFICATION FOR THE ABPM | | | |
| | MOC credits | \$30.00 | \$30.00 |
| RECEPTION FEES: Thursday, August 21, 6-8pm (included in Two-Day fee) | | | |
| | YES, I will be attending | Included | Included |
| | Additional Reception Tickets for Accompanying persons &, One Day Only Attendees | \$40.00ea. ____ | \$60.00 ea. ____ |
| CONTINUING EDUCATION CREDITS: to obtain credits: fill out online evaluation to receive credits (link will be emailed) | | | |
| CHT/CHRN Exam Study Hall: Aug 21: 1 – 3pm (TEST is at 3:30 pm – you must register for the test with NBDHMT) | | | |

CANCELLATION/REFUND POLICY: Cancellations before August 4, 2014, will be subject to a \$50.00 administrative fee. Cancellation after August 4 : 50% of registration fee will be held. NO REFUND for any cancellations after August 4, 2014. By registering, you accept the terms and conditions of the meeting.

PAYMENT INFORMATION **USD ONLY**

Check/Money Order enclosed (Must be made payable to UHMS and be USD only)

Visa Master Card American Express Diners

Card Number _____ Expiration Date _____ Security Card Code _____

Name on Card _____ Billing Zip Code _____

Card holders
Signature _____

MAIL WITH PAYMENT TO: UHMS, 21 West Colony Place, Suite 280, Durham, NC 27705
FAX TO: 919-490-5149 / Questions, contact Lisa Tidd at 877-533-UHMS/919-490-5140 or lisa@uhms.org
ONLINE REGISTRATION: <http://membership.uhms.org/event/PAC14>