REGISTRATION FORM

Medical Examiner of Divers

_____ September 26 – 29, 2013: New Orleans, LA, USA

Last Name: _____ **First:** _____ **MI:** _____ **Suffix:** _____ **Degrees:** _____

Address _____

City/Town _____

State/Province _____ **Daytime #** _____

Zip/Postal Code _____ **Fax #** _____

Country _____ **Email:** _____

Name as it is to appear on Name badge & Certificates: _____

Course Fee: (**Includes CD or Paper Syllabus**) Renewal only Fee:

□ Physician UHMS Member: $850.00 □ Physician UHMS Member: $425.00

□ Physician NON-UHMS Member: $950.00 □Physician NON-Member: $475.00

□ Nurse Practitioner / Physician Assistant: $550.00

□ DMT/EMT: $375.00

□ Extra: Both CD and Paper Syllabus: $50.00

☐ 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 _____

We gladly accept the following cards:

*The Security Code appears on your physical credit card.

Amex: 4 digits

Visa or MasterCard: 3 digits

MAIL WITH PAYMENT TO: UHMS, 21 West Colony Place, Suite 280, Durham, NC 27705
FAX TO: 919-490-5149 x104

If you have any questions, please contact Cindi Easterling at 877-533-UHMS/919-490-5140 or cindi@uhms.org
Website: www.uhms.org

REGISTER ONLINE AT: http://www.regonline.com/F2D-Sept-13