



2005 Pac-UHMS Meeting Registration Form

September 23 & 24, 2005

Full Name: _____

Address: _____

City: _____ Prov/State: _____ Zip Code: _____

Telephone: Day: _____ Evening: _____

Fax: _____ E-mail: _____

What name & title for your name badge? _____

Please choose one of the following credit categories if applicable.

UHMS _____ NBDHMT _____ BNA _____

Conference Registration - All funds are in US Dollars

	Before 9/1/05	By 9/16/05	Door**
Friday only	\$100	\$125	\$150 \$
Saturday only	\$25	\$35	\$45 \$
Banquet (per Person)	\$40	\$45	\$50 x \$
CME Credits	\$25	\$25	\$25 \$
Total Program*	\$190	\$230	\$
*Friday, Saturday, CME & Banquet			TOTAL \$

Conference Registration includes continental breakfast (2 days), breaks (2 days) and Friday box lunch. Saturday lunch is not included. Banquet space is limited and is on a first come basis. **Early Registration will not be accepted after 9/16/05. Registration not **RECEIVED** by September 16, 2005 must be at the door.

Visa Master Card American Express

Card # _____ Expiration _____/_____/_____

Signature _____

Cancellations, minus \$25 administrative fee, will be accepted until Sept. 01, 2005. No refunds after this date. By registering you accept the terms and conditions of the meeting.

Please Fax Registration Form to (719) 365-5630.

Or mail registration form with check or credit card payment to: Pacific Chapter UHMS, c/o James Holm, MD, 2570 Dunfries Ct., Colorado Springs, CO 80919

More information on the meeting is on our web site: www.pacificuhms.org or www.hbodoctor.com or contact Chapter President Dr. James Holm at hbodoctor@yahoo.com Phone: 719-365-5592