



2007 Pac-UHMS Meeting Registration Form November 2-3, 2007

Last Name: _____ First: _____ MI: _____ Suffix: _____ Degrees: _____
 Enter the name that you would like to appear on your name badge: _____

Please check one Home Address Business Address If using Business Address, please include Organization Name.

Address _____
 Add2 (if needed) _____
 Add3 (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 10/1/07	After 10/1/07	at Door
UHMS Member Registration Fee: Membership will be verified	\$255.00	\$275.00	\$295.00
NON-UHMS Member Registration Fee	\$280.00	\$300.00	\$320.00
BANQUET: Friday Night: YES, I will be attending			
Additional Banquet Tickets	\$40.00	\$50.00	\$60.00
CME Credits (Physicians Only)	\$25.00	\$25.00	\$25.00
CEU Credits (for RN's, CHT and CHRN)	\$15.00	\$15.00	\$15.00
TOTAL \$\$	\$	\$	\$

Conference Registration includes continental breakfast (2 days), breaks (2 days) and lunch on Friday and Friday Night Banquet.

Any cancellations before October 1, 2007, will be subject to a \$25.00 administrative fee. **NO REFUND** for any cancellations after October 1, 2007. By registering you accept the terms and conditions of the meeting.

If you can not attend both days, contact Lisa at the UHMS office for information.

ALL \$\$ are USD

PAYMENT INFORMATION

Check/Money Order enclosed (Must be made payable to UHMS and be **USD only**)
 Visa Mastercard American Express Diners
 Card Number _____ Expiration Date _____
 Name on Card _____ Billing Zip Code _____ Card holders signature _____

If you wish to pay by check/money order (check the box above) and please make check payable to UHMS and mail check to the following address:

UHMS PACIFIC CHAPTER
Attn: Lisa Tidd, 21 W Colony Place, Ste. 280, Durham, NC, 27705, USA
Phone: 1-919-490—5140 x22 Fax: 1-919—540-5149
MORE INFORMATION ON MEETING Visit PAC Chapter website: www.pacificuhms.org