



**Translational Medicine in Hyperbaric Practice
8th International Symposium, 2012**

Presented by International Hyperbaric Medical Association

August 10th-12th, 2012



THE WESTIN
LONG BEACH

Delegate Registration Form

IHMA/HBOT2012
Att. Pam Cox
8210-D Cinder Bed Road, Ste C-3
Lorton, VA 22079
Ph: 703.339.0900
Fax: 703.952.0244

Please complete details and fax to HBOT2012 at **703.952.0244** or mail to address listed below with your payment

OPTION 1	OPTION 2	OPTION 3	OPTION 4
FULL 3-DAY CONFERENCE AND ENTRANCE TO EXHIBITION & ONE GALA DINNER TICKET \$375.00 per delegate	2-DAY CONFERENCE AND ENTRANCE TO EXHIBITION \$275.00 per delegate NOTE: Gala Dinner Tickets not included in this package.	1-DAY CONFERENCE AND ENTRANCE TO EXHIBITION \$175.00 per delegate NOTE: Gala Dinner Tickets not included in this package.	"3 for 3" CORPORATE PACKAGE \$975.00 per business 3 TICKETS FOR 3-DAY CONFERENCE, ENTRANCE TO EXHIBITION & THREE GALA DINNER TICKETS

Please check the days you plan to attend

<input type="checkbox"/> Friday, August 10 th (Day 1)	<input type="checkbox"/> Saturday, August 11 th (Day 2)	<input type="checkbox"/> Sunday, August 12 th (Day 3)
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Please make your choices from the items below

<input type="checkbox"/> OPTION 1 \$375.00 Qty. ____	<input type="checkbox"/> OPTION 2 \$275.00 Qty. ____	<input type="checkbox"/> OPTION 3 \$175.00 Qty. ____	<input type="checkbox"/> OPTION 4 \$975.00 Qty. ____
<input type="checkbox"/> GALA DINNER \$65.00 additional tickets Qty. ____	<input type="checkbox"/> GALA DINNER \$65.00 Qty. ____	<input type="checkbox"/> GALA DINNER \$65.00 Qty. ____	<input type="checkbox"/> GALA DINNER \$65.00 additional tickets Qty. ____

Continuous Educational Credits (Physician CME Certificates \$25* Nurses CEU Certificates included in conference fee)

CME CERTIFICATES WILL BE ISSUED AT A COST OF \$25.00 TO COVER ADMINISTRATION CHARGES. CHECK BOX TO ORDER*

* Please visit HBOT2012 website for complete details on Physicians CME eligibility

Please Note: HBOT2012 is the named event being run by the International Hyperbaric Medical Association, a non for profit 501c organization. All net proceeds will go into the Association in order to help finance further education and hyperbaric treatment for those in need.



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A. Delegate Information	B. Billing Information
Company Name _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Email _____ Website _____	Contact Name _____ Title _____ Company Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Contact E-mail _____

C. Payment by Credit Card	D. Payment by Check or Money Order
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover Name on Credit Card _____ Credit Card Number _____ Address _____ City _____ State _____ Expiration Date ___/___/___ Charge Amount _____ Authorization Code _____ Zip Code _____ Signature _____	Mail check payable in U.S. Funds to IHMA/HBOT2012 c/o Pam Cox 8210-D Cinder Bed Road, Ste C-3 Lorton, VA 22079 Ph: 703.339.0900 / Fax: 703.952.0244 <hr/> E. Payment by Wire Transfer Please call phone number above.

Total: _____ **Signature:** _____ **Date:** _____

Tax ID# 20-0003261

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