



Registration Form – IHMA Member

International Hyperbaric Medical Foundation
 Att. Steven Skaggs, D.C.
 1802 West 32nd, Suite D,
 Joplin, MO 64804
 Fax: 954.827.0723

HBOT2017 Use Only
Received _____
Processed _____

Please complete details and fax to HBOT2017 at **954.827.0723** or mail to address listed below with your payment.

OPTION 1	OPTION 2	OPTION 3	OPTION 4
3-DAY CONFERENCE PHYSICIANS (inc.CME's) \$535 per delegate	2-DAY CONFERENCE PHYSICIANS (inc.CMEs) \$435 per delegate	"3 for 3" CORPORATE PACKAGE \$1,460 per practice	3-DAY CONFERENCE NURSES (inc.CMEs) \$485 per delegate
OPTION 5	OPTION 6	OPTION 7	
2-DAY CONFERENCE NURSES (inc.CMEs) \$385 per delegate	3-DAY CONFERENCE TECHNICIANS/CLINIC STAFF \$485 per delegate	2-DAY CONFERENCE TECHNICIANS/CLINIC STAFF \$385 per delegate	

Please make your choices from the items below (Check applicable box and quantity)

<input type="checkbox"/> OPTION 1 \$535 Qty. ____	<input type="checkbox"/> OPTION 2 \$435 Qty. ____	<input type="checkbox"/> OPTION 3 \$1,460 Qty. ____
<input type="checkbox"/> OPTION 4 \$485 Qty. ____	<input type="checkbox"/> OPTION 5 \$385 Qty. ____	<input type="checkbox"/> OPTION 6 \$485 Qty. ____
<input type="checkbox"/> OPTION 7 \$385 Qty. ____		

Please visit www.hbot2017.com website for complete details on delegates terms and conditions

Refund Policy

The organizers of HBOT2017 reserve the right to refuse entry into the conference, without providing a reason or justification. Under such circumstance, **all monies paid would be refunded in full** by the organizers, and notified of such action, once that determination has been made.

Cancellation Policy

Any cancellations prior to **July 1st, 2017** will be entitled to a full refund on monies paid. After this date, refunds will be limited to **50%** of monies paid. The organizers will accept any substitutions for an administration fee of \$50. (As above, the organizers of HBOT2017 reserve the right to refuse entry, and under such circumstance, all monies paid would be refunded in full)

Please Note: *Copyright © HBOT2017 is a named conference being run on behalf of the International Hyperbaric Medical Foundation, a 501-C (3) Charity. All net proceeds will go to the IHMF in order to help finance further education, build its membership and provide treatment for those in need.*



Registration Form – IHMA Non-Member

International Hyperbaric Medical Foundation
 Att. Steven Skaggs, D.C.
 1802 West 32nd, Suite D,
 Joplin, MO 64804
 Fax: 954.827.0723

Please complete details and fax to HBOT2017 at **954.827.0723** or mail to address listed below with your payment.

A. Delegate Information	B. Billing Information
Company Name _____	Contact Name _____
Name _____	Title _____
Address _____	Company Name _____
City _____	Mailing Address _____
State _____ Zip _____	City _____
Phone _____ Fax _____	State _____ Zip _____
Email _____	Phone _____ Fax _____
Website _____	Contact E-mail _____ <small>(*Required for receipt and conference updates)</small>

C. Payment by Credit Card	D. Payment by Check
<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 _____	<p>Check payable in U.S. Funds to IHMF: HBOT2017 Conference</p> <p>Mail to International Hyperbaric Medical Foundation c/o Steven Skaggs, D.C. 1802 West 32nd, Suite D, Joplin, MO 64804</p>

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