



**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

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
<b>3-DAY CONFERENCE PHYSICIANS</b> (inc.CME's) <b>\$595 per delegate</b>	<b>2-DAY CONFERENCE PHYSICIANS</b> (inc.CMEs) <b>\$495 per delegate</b>	<b>"3 for 3" CORPORATE PACKAGE</b> <b>\$1,600 per practice</b>	<b>3-DAY CONFERENCE NURSES</b> (inc.CMEs) <b>\$545 per delegate</b>
OPTION 5	OPTION 6	OPTION 7	
<b>2-DAY CONFERENCE NURSES</b> (inc.CMEs) <b>\$445 per delegate</b>	<b>3-DAY CONFERENCE TECHNICIANS/CLINIC STAFF</b> <b>\$545 per delegate</b>	<b>2-DAY CONFERENCE TECHNICIANS/CLINIC STAFF</b> <b>\$445 per delegate</b>	

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

<input type="checkbox"/> OPTION 1 \$595 Qty. ____	<input type="checkbox"/> OPTION 2 \$495 Qty. ____	<input type="checkbox"/> OPTION 3 \$1,600 Qty. ____
<input type="checkbox"/> OPTION 4 \$545 Qty. ____	<input type="checkbox"/> OPTION 5 \$445 Qty. ____	<input type="checkbox"/> OPTION 6 \$545 Qty. ____
<input type="checkbox"/> OPTION 7 \$445 Qty. ____		

Please visit [www.hbot2017.com](http://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 1<sup>st</sup>, 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.

<b>A. Delegate Information</b>	<b>B. Billing Information</b>
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 _____ (*Required for receipt and conference updates)

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

**Total:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_