



ANNUAL GENERAL PRACTITIONER'S SYMPOSIUM
25th Caribbean Dermatology Conference
Montego Bay, Jamaica
November 3, 2016
6:00pm - 8:00pm

Registration Form

Title: Prof. ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ **First Name:** _____ **Surname:** _____
Place of Employment: _____ **Specialty:** _____
Mailing Address: _____
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REGISTRATION FEE

General Practitioner

J\$2,500

CREDIT CARD PAYMENT:

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Card #: _____ **Security Code:** _____ **Expiration Date:** _____
(3 or 4 digit security code) (mm/yy)
Name on card: _____ **Signature (form not valid without signature):** _____

CHEQUE PAYMENT:

Please make cheques payable to "Caribbean Dermatology Association." Please note that all cheques must be drawn on a US bank.

Return this completed form, along with the total amount due to:

Caribbean Dermatology Association:

Suite 20, Seymour Park Tel: (876) 978-2276/ 8523
2 Seymour Avenue Fax: (876) 927-4199
Kingston 10, Jamaica, W.I.
Email: secretariat@caribbeanderm.org