

# FIRST FORMAL NOTICE

UWI MEDICAL ALUMNI ASSOCIATION (UWIMAA)



## Celebrating 22 Years (1988-2010)

TENTH INTERNATIONAL REUNION CONFERENCE – REUNION 10



ACCRA BEACH HOTEL & SPA, BARBADOS,  
NOVEMBER 14 – 21, 2010

**Reunion 10** will be held in Barbados at the centrally located Accra Beach Hotel & Resort, on the South Coast of Barbados, just a short distance from the Grantley Adams International Airport and the capital city of Bridgetown. It is within walking distance of Sports Bars, Bistros, Restaurants, Stores and Supermarkets.

### TENTATIVE SCHEDULE

FREE DAYS		WELCOME	DAY 1	DAY 2	DAY 3	CME	END	
SUNDAY NOV 14	MONDAY NOV 15	TUESDAY NOV 16	WEDNESDAY NOV 17	THURSDAY NOV 18	FRIDAY NOV 19	SATURDAY NOV 20	SUNDAY NOV 21	
AM	PRE-CONFERENCE ARRIVALS		Arrivals					
			Registration	Registration	Registration	Registration	Registration	
LUNCH	CLASS REUNIONS			<b>Scientific Papers</b> 8:45 am – 1:15 pm  Spouses Programme	<b>Scientific Papers</b> 8:45 am – 1:15 pm &/OR 1:30 pm – 4 pm  Spouses Programme	<b>Scientific Papers</b> 8:45 am – 1:15 pm  Spouses Programme	CME  11 AM – 4 PM  Sports/Social Programme	<b>DEPARTURES</b>
			<b>LUNCH</b>					
PM			<b>OPENING CEREMONY</b>  ACCRA HOTEL	Social Programme	<b>SMOKER</b>  <i>Errol Barrow Centre for Creative Imagination</i>	<b>UWIMAA BANQUET</b>  ACCRA HOTEL		

**In-country Hosts:** The Barbados Chapter, Barbados Association of Medical Practitioners (BAMP) and the Faculty of Medical Sciences (FMS), UWI Cave Hill, have formed an alliance to facilitate the reunion.

Please indicate **OVERLEAF** your intention to participate and to present a paper. Detach and return to:

Mrs. Audré Spence  
 UWIMAA Secretariat  
 P.O. Box 226, Mona, Kingston 7  
 JAMAICA, W.I.  
 Tel/Fax: (876) 977-5800  
 E-mail: [medalum@uwimona.edu.jm](mailto:medalum@uwimona.edu.jm)  
 Website: [http:// www.uwimedicalalumni.org](http://www.uwimedicalalumni.org)



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**THEME: HEALTH & DEVELOPMENT: THE ROLE OF UWI**

### SCIENTIFIC CONTENT

Scientific Sessions will take place over three days, from Wednesday, November 17 to Friday, November 19, 8:30 a.m. to 1:15 pm, leaving most afternoons free for you to enjoy.

CME credits from the Caribbean College of Family Physicians will be included in the basic registration fee. These sessions will be held on Saturday from 11:00 am – 4:00 p.m. *Please note that by consensus the AMA Category 1 Credits will not be offered.*

### SCIENTIFIC PAPERS

Scientific papers of not more than ten (10) minutes duration are invited from all alumni. An abstract of two hundred (200) minimum to two hundred and fifty (250) maximum words should be typewritten double-space on white letter-size (8 ½" x 11") paper in TIMES NEW ROMAN FONT 12. Abstracts must be submitted by E-mail in Microsoft Word Format. **12 CME Credit Hours awarded on the basis of the Scientific Sessions and CME programme** have been requested from **The Caribbean College of Family Physicians**. In order to be certified you must submit the following:

1. E-mail addresses of presenters.
2. References must accompany abstracts.
3. CV's of all presenters.

DEADLINE FOR RECEIPT: Completed abstracts to arrive at UWIMAA Secretariat by MAY 28, 2010.

Please arrange the text of the abstract under the following headings:

TITLE:

AUTHOR:

INSTITUTION(S):

OBJECTIVE:

METHODS:

RESULTS:

CONCLUSION:

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**NB:**

1. **Title:** Specific but succinct
2. **Author's initial and surname:** Presenting author indicated by an asterisk. A new line two spaces below title. Omit degrees, title or institutional appointments.
3. List institution(s) including department, where work originated, city, country. **(Should be in italics)**
4. **Text:** begin text on a new line.
5. Projector for Power Point will be provided.





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### PLEASE REGISTER EARLY!!! HOTEL REGISTRATION FORM

*Please book directly with the hotel as indicated below.*

UWI MEDICAL ALUMNI RESERVATIONS FORM



Date: \_\_\_\_\_

No. of Adults: \_\_\_\_\_ No. of Children: \_\_\_\_\_

1st Guest Name: \_\_\_\_\_ 1st Child Name: \_\_\_\_\_

2nd Guest Name: \_\_\_\_\_ 2nd Child Name: \_\_\_\_\_

3rd Guest Name: \_\_\_\_\_ Children under 12 years sharing a room  
with an adult free of charge.

Arrival Date: \_\_\_\_\_ Flight Arrival Time: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Flight Departure Time: \_\_\_\_\_

Number of Nights: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Tel (H): \_\_\_\_\_ Tel (O): \_\_\_\_\_ Tel (C): \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Group Code: 167218

Ref. No.: 167218

**NIGHTLY RATES (inclusive of 7.5% room tax):**

Single / Double Occupancy, Room & Tax ONLY US \$180.00 (ROH)

Triple Occupancy, Room & Tax Only US \$215.00 (ROH)

Single Occupancy, Room, Tax & Full Buffet Breakfast US \$200.00 (ROH)

Double Occupancy, Room, Tax & Full Buffet Breakfast US \$220.00 (ROH)

Triple Occupancy, Room, Tax & Full Buffet Breakfast US \$275.00 (ROH)

Please select the applicable box.

Rate Type: Run of House (ROH) **All rooms, including balconies are non-smoking.**  
Run of House means that standard rooms will be assigned based solely on room availability.

Type of Credit Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Special Requests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guest Signature: \_\_\_\_\_

**FOR HOTEL USE ONLY**  
Reservations Agent: \_\_\_\_\_  
Confirmation No. \_\_\_\_\_ Date: \_\_\_\_\_

Tel # 246-435-8920 / Fax # 246-435-7445 / Email: reservations@accrabeachhotel.com

**Cancellation Policy: Rooms cancelled within ten (10) days prior to arrival or no shows after midnight on the day of arrival will incur a penalty of one (1) night's room cost.**