1st Annual Pain Day Symposium
JANUARY 20th, 2018
Official Registration Form

PERSONAL INFORMATION						
NAME (Prefix, First, Last)						
PROFESSION:		EMPLOYER:				
CONTACT NUMBERS:	HOME:		CELL:		WORK:	
EMAIL ADDRESS: (PLEASE PRINT)						

REGISTRATION INFORMATION		
Please tick (√) the appropriate box	EARLY REGISTRATION	ONSITE
Physicians	☐ $225.00	☐ $300.00
Others: Interns, Nurses, Allied Health	☐ $180.00	☐ $200.00
Medical Students	☐ $80.00	☐ $100.00

- Early registration ends Sunday December 31st, 2017
- Limited number of Medical Students allowed at this rate on a first registered basis
- Payment is required to confirm registration
- Please make ALL cheques, bank drafts or money orders payable to: The University of the West Indies

Please indicate if you prefer Vegetarian meals? Yes ☐ No ☐

For Official Use Only:

Amount Paid: Cash: $ _____ Cheque: $_____ Credit Card: $ _____

Date Paid: _____ Paid By: _____ Received By: _____

✂----------

1st Annual Pain Day Symposium Credit Card Payment Information

FINANCIAL INFORMATION					
CARDHOLDER NAME:		CARDHOLDER TEL #:			
CREDIT CARD TYPE:	VISA ☐ MASTER ☐	CARD #:		EXP. DATE: ___ /___	
3 DIGIT CODE#		CARDHOLDER EMAIL:			
BANK ISSUING CARD:		AMOUNT TO BE CHARGED:	$	BDS ☐ USD ☐	

_____

Cardholder Signature

CONTACT US: *Mr Wesley Moore, CME Administrator*: *Tel: (246) 429-5112;*
Email: cmeconferences@cavehill.uwi.edu