



# 84<sup>th</sup> Annual UWI/BAMP CME Conference NOVEMBER 17 & 18, 2018 Official Registration Form



PERSONAL INFORMATION						
NAME (Prefix, First, Last)						
PROFESSION:		EMPLOYER:				
CONTACT NUMBERS:		HOME:	CELL:	WORK:		
EMAIL ADDRESS:		COUNTRY OF RESIDENCE:				

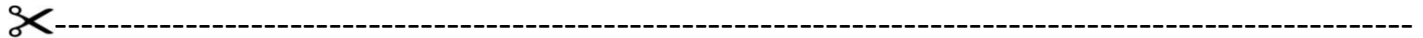
REGISTRATION INFORMATION						
PLEASE TICK (✓) APPROPRIATE BOX	DAY 1		DAY 2		BOTH DAYS	
	EARLY REGISTRATION	ONSITE	EARLY REGISTRATION	ONSITE	EARLY REGISTRATION	ONSITE
Physicians (BAMP members)	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$230.00	<input type="checkbox"/> \$300.00	<input type="checkbox"/> \$425.00	<input type="checkbox"/> \$600.00
Physicians & Dentists	<input type="checkbox"/> \$380.00	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$380.00	<input type="checkbox"/> \$450.00	<input type="checkbox"/> \$675.00	<input type="checkbox"/> \$775.00
Others: Interns, Nurses, Paramedical	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$315.00	<input type="checkbox"/> \$375.00
Medical Student (BAMP members)	<input type="checkbox"/> \$50.00	N/A	<input type="checkbox"/> \$50.00	N/A	<input type="checkbox"/> \$75.00	N/A
Medical Student	<input type="checkbox"/> \$100.00	N/A	<input type="checkbox"/> \$100.00	N/A	<input type="checkbox"/> \$150.00	N/A
<ul style="list-style-type: none"> <li>Early registration ends Monday October 31<sup>st</sup>, 2018</li> <li>Limited number of Medical Students allowed at this rate on a first registered basis</li> <li>Payment is required to confirm registration</li> <li>Please make ALL cheques, bank drafts or money orders payable to: <u>The University of the West Indies</u></li> </ul>						

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: \_\_\_\_\_



## 84<sup>th</sup> Annual UWI/BAMP Conference 2018 Credit Card Payment Information

FINANCIAL INFORMATION						
CARDHOLDER NAME:				CARDHOLDER TEL #:		
CREDIT CARD TYPE:	VISA <input type="checkbox"/>	MASTER <input type="checkbox"/>	CARD #:	EXP. DATE: ___ / ___		
3 DIGIT CODE#			CARDHOLDER EMAIL:			
BANK ISSUING CARD:			AMOUNT TO BE CHARGED:	\$	BDS <input type="checkbox"/>	USD <input type="checkbox"/>

\_\_\_\_\_  
Cardholder Signature