



# University Diabetes Outreach Programme

**23rd International Conference  
DIABETES and the SKIN:  
Be Aware**  
April 20 - 22, 2017

*Jewel Beach & Golf Resort  
Runaway Bay, Jamaica*

**UDOP CONFERENCE SECRETARIAT**  
Biochemistry Section  
Department of Basic Medical Sciences  
The University of the West Indies, Mona  
Kingston 7  
JAMAICA W.I.  
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Please **print** clearly – illegible or incomplete forms will not be processed:

**Title** (Please Check One)     Prof     Dr     Mr     Mrs     Ms     Other \_\_\_\_\_

**Degree(s)**     PhD     MD     MBBS     RN     CDE     Other \_\_\_\_\_

**Family Name** \_\_\_\_\_

**Given Name** \_\_\_\_\_

**Organization/Affiliation** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

State/Parish \_\_\_\_\_ Country \_\_\_\_\_

**Contact Information** Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### REGISTRATION DETAILS

| # | Delegate Category                | CME Credits | Daily Conference Rate (US\$)                     |                                      | Full Conference Rate (US\$)                      |                                      |
|---|----------------------------------|-------------|--|--------------------------------------|--|--------------------------------------|
|   |                                  |             | Pre-Conference Rate<br>(Prior to April 18, 2017) | On-Site Rate<br>(Apr 19 to 22, 2017) | Pre-Conference Rate<br>(Prior to April 18, 2017) | On-Site Rate<br>(Apr 19 to 22, 2017) |
| 1 | Physicians                       | Yes         | 75   | 100                                  | 200  | 250                                  |
| 2 | Healthcare & Related Professions | Yes         | 50   | 70                                   | 120  | 150                                  |
| 3 | Students                         | No          | 20   | 25                                   | 40   | 50                                   |
| 4 | General Public                   | No          | 25   | 30                                   | 45   | 55                                   |

NOTES: DELEGATES MAY PRE-REGISTER (AT THE PRE-CONFERENCE RATE) TILL MIDNIGHT TUESDAY APRIL 18, 2017 (GMT -0500). AFTER THIS DATE KINDLY REGISTER AT THE CONFERENCE VENUE COMMENCING APRIL 19, 2017 (THE ON-SITE RATE WILL BE APPLICABLE). THE RATES QUOTED ARE IN US DOLLARS; HOWEVER PAYMENT MAY BE MADE IN JAMAICAN DOLLARS AT THE PREVAILING EXCHANGE RATE.  
PLEASE NOTE THAT REGISTRATION WILL NOT BE DEEMED COMPLETE UNTIL PAYMENT HAS BEEN RECEIVED.

### PAYMENT DETAILS

Please **tick [✓]** or **legibly fill out** the applicable entries below (use the table above for guidance as needed):

**DELEGATE CATEGORY #:**     1     2     3     4  
**IF CME ELIGIBLE, INDICATE TYPE:**     Physician     Nurse     Pharmacist     Other \_\_\_\_\_

**FULL REGISTRATION** (relevant only to persons registering for all 3 days; otherwise skip this section)  
 Full Rate (please make only one selection) US\$:     40     45     50     55     120     150     200     250

**DAILY REGISTRATION** (relevant only to persons registering for 2 days or less; otherwise see previous section)  
 Daily Rate (please make only one selection) US\$:     20     25     30     50     70     75     100  
 Number of Days (please make only one selection):     1     2  
 Select Day(s) in Attendance (based on the previous):     Thursday     Friday     Saturday

**PAYMENT METHOD** (credit card, cash or manager's cheque payable to *University Diabetes Outreach Project*):  
 Cash (paid in person) totaling: US\$ \_\_\_\_\_ or equivalent in J\$ \_\_\_\_\_  
 Cheque enclosed totaling: US\$ \_\_\_\_\_ or equivalent in J\$ \_\_\_\_\_  
 Bill my Credit Card totaling: US\$ \_\_\_\_\_ or equivalent in J\$ \_\_\_\_\_

Card Type:     VISA     MASTERCARD     KEYCARD  
 Card Number:    \_\_\_\_\_  
 Expiry Date (mm/yyyy):    \_\_\_\_\_  
 Name on the Card (exactly as it appears):    \_\_\_\_\_

WHERE PAYMENT IS BEING MADE BY CREDIT CARD THE REGISTRATION FORM MAY BE FAXED TO THE CONFERENCE SECRETARIAT. PLEASE SEE CONTACT INFORMATION FOR THE SECRETARIAT AT THE TOP OF THIS FORM. REGISTRATION FORMS SUBMITTED WITHOUT PAYMENT WILL NOT BE PROCESSED.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/2017

**CANCELLATION AND REFUND POLICIES FOR REGISTRATION (non-negotiable):** All cancellations **must** be received in writing by the Conference Secretariat. Requests received by April 07, 2017 will be given a 50% refund. *No refunds can be made after April 07, 2017.*

**For accommodation information and special conference hotel rates please visit [www.udop.org.jm](http://www.udop.org.jm)**