



University Diabetes Outreach Programme

**24th International Conference
DIABETES COMPLICATIONS:
How Are We Managing?**
April 26 - 28, 2018

*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.
Phone: (876) 977-1749 Fax: (876) 977-5233
Email: udop@uwimona.edu.jm

REGISTRATION FORM - All Delegates

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 (Prior to April 24, 2018)	On-Site Rate (Apr 25 to 28, 2018)	Pre-Conference Rate (Prior to April 24, 2018)	On-Site Rate (Apr 25 to 28, 2018)
1	Physicians	Yes	110	135	235	285
2	Healthcare & Related Professions	Yes	85	105	155	185
3	Students	No	55	60	75	85
4	General Public	No	60	65	80	90

NOTES: DELEGATES MAY PRE-REGISTER (AT THE PRE-CONFERENCE RATE) TILL MIDNIGHT TUESDAY APRIL 24, 2018 (GMT -0500). AFTER THIS DATE KINDLY REGISTER AT THE CONFERENCE VENUE COMMENCING APRIL 25, 2018 (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\$: 75 80 85 90 155 185 235 285

DAILY REGISTRATION (relevant only to persons registering for 2 days or less; otherwise see previous section)
 Daily Rate (please make only one selection) US\$: 55 60 65 85 105 110 135
 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): ____/____/2018

CANCELLATION AND REFUND POLICIES FOR REGISTRATION (non-negotiable): All cancellations **must** be received in writing by the Conference Secretariat. Requests received by April 05, 2018 will be given a 50% refund. *No refunds can be made after April 05, 2018.*

For accommodation information and special conference hotel rates please visit www.udop.org.jm