



# University Diabetes Outreach Programme

**26<sup>th</sup> International Conference**  
**DIABETES: What's Trending?**  
 April 23 - 25, 2020

AC Marriott  
 Kingston, 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	One Day Rate (US\$)		Full Conference Rate (US\$)	
			Pre-Conference Rate (Prior to April 21, 2020)	On-Site Rate (Apr 23 to 25, 2020)	Pre-Conference Rate (Prior to April 21, 2020)	On-Site Rate (Apr 23 to 25, 2020)
1	Physicians	Yes	75	90	145	170
2	Healthcare & Related Professions	Yes	60	75	105	130
3	Students	No	35	40	50	60
4	General Public	No	40	45	55	65

NOTES: DELEGATES MAY PRE-REGISTER (AT THE PRE-CONFERENCE RATE) TILL MIDNIGHT TUESDAY APRIL 21, 2020 (GMT -0500). AFTER THIS DATE KINDLY REGISTER AT THE CONFERENCE VENUE COMMENCING APRIL 23, 2020 (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 **2 days or more**; otherwise skip this section)  
 Full Rate (please make only one selection) US\$:  50  55  60  65  105  130  145  170

**ONE DAY REGISTRATION** (relevant only to persons registering for **1 day only**; otherwise see previous section)  
 Day Rate (please make only one selection) US\$:  35  40  45  60  75  90  
 Select Day in Attendance:  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): \_\_\_\_/\_\_\_\_/2020

**CANCELLATION AND REFUND POLICIES FOR REGISTRATION (non-negotiable):** All cancellations **must** be received in writing by the Conference Secretariat. Requests received by April 05, 2020 will be given a 50% refund. *No refunds can be made after April 05, 2020.*