



CARIBBEAN  
DERMATOLOGY  
ASSOCIATION

**20<sup>TH</sup> ANNUAL CARIBBEAN DERMATOLOGY CONFERENCE**  
**RITZ-CARLTON GOLF AND SPA RESORT**  
**ROSE HALL, MONTEGO BAY, JAMAICA**  
**NOVEMBER 2 – 5, 2011**



THE RITZ-CARLTON®  
GOLF & SPA RESORT  
ROSE HALL, JAMAICA

Conference Registration Form

Title: Prof.  Dr.  Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete the applicable box/ boxes:

REGISTRATION CATEGORY	FEE (USD)		TOTAL
Registration: Member physician	\$80		
Registration: Non-member physician	\$130		
ITEM FEES	FEE (USD)	QUANTITY	
Banquet	\$80		
Island Excursion: <i>Includes Lunch and Tour Activity</i>	\$100		
Off-Site Attendee Guest Pass <i>Lunch and Coffee Break for guests not resident at the Ritz-Carlton</i>	\$70 (per day)		
Membership fee	\$100 (per year)		
<b>TOTAL</b>			

Please print and return this completed form, along with the total amount due to:

**Caribbean Dermatology Association:**

Suite 20, Seymour Park  
2 Seymour Avenue  
Kingston 10  
Jamaica, W.I.

Tel: (876) 978-2276/ 8523

Fax: (876) 927-4199

Email: [cda@caribderm.org](mailto:cda@caribderm.org)

Please make cheques payable to “**Caribbean Dermatology Association.**” Please note that all cheques must be drawn on a US bank. Registration can be paid on-site in **US cash.**