

REGISTRATION FORM



ONE HEALTH SYMPOSIUM University of the West Indies, Law Lecture Theatre Sunday May 1, 2016

Full Name: _____

Organization: _____ **Profession:** _____

Preferred Mailing Address: _____

City/Town: _____ **Parish:** _____ **Postal Code:** _____

Country: _____ **Telephone:** (_____) _____ **Fax:** (_____) _____

Email Address: _____ **Are you requesting CE Credits? Yes** **No**

REGISTRATION FEE (Includes lunch, refreshment breaks and meeting materials)

PLEASE CHECK APPROPRIATE REGISTRATION FEE:

BEFORE/ ON APRIL 25

AFTER APRIL 25

Standard

\$3000

\$3500

Student

\$1500

\$2000

J\$ _____

Vegetarian meal required:

(Rate: 1 US\$ = 120 J\$) US\$ _____

Cancellations/Changes and Refunds: Fee will be refunded, less a \$250.00 processing fee, if cancellation or change resulting in a refund is received no later than April 29, 2016. After that date, registration fee is non-refundable. All refunds will be processed after the symposium. Substitutions are allowed at no charge.

PAYMENT METHOD: Cheque payable to JVMA Cash Direct Deposit to NCB Account 37-1889051
 VISA MasterCard NCB Keycard (MATILDA'S CORNER BRANCH)

Amount being paid by card J\$ _____ / US\$ _____ Expiration Date: _____

Credit Card #: _____ Print Cardholder Name: _____

By signing this form you authorize the Jamaica Veterinary Medical Association to charge your card for the amount listed above.

Signed: _____ **Date:** _____

If paying by **Bank Deposit** please email bank confirmation no. and date of payment to ercommitteejvma@gmail.com

Cash/Cheque Payments: Please pay at any of the following locations: (1) Animalcare Veterinary Hospital, 4 Goodwood Terr, Kgn 10 ☎969-1356 (2) Animalcare Portmore, Adventure Plaza, Portmore Town Centre ☎998-1562 (3) Phoenix VetCare, 73 Westminister Rd, Kgn 10 ☎926-5060 (4) Phoenix VetCare, 85 Ward Ave, Mandeville ☎625-0432 (5) Denbigh Veterinary Clinic, Denbigh, Clarendon ☎786-2026 (6) St. Ann's Bay Veterinary Clinic, St Ann's Bay, St. Ann ☎972-0149 (7) Vet 4 Pets Medical Centre, 23 Gloucester Ave, Montego Bay ☎293-6761

Please submit completed registration form with cash/cheque payment or email/fax to:

FAX: (876) 969-5766

Email: ercommitteejvma@gmail.com

For additional information phone: (876) 786-2026