CARDA
CARIBBEAN AUTOIMMUNE RELATED DISEASES ASSOCIATION

SECOND ANNUAL

CARIBBEAN AUTOIMMUNE DISEASE SUMMIT 2014

March 22nd, 2014

REGISTRATION FORM

***CME CREDIT GIVEN TO MEDICAL PROFESSIONALS**

NAME OF REGISTRANT:

CATEGORY OF REGISTRANT:

DOCTOR ☐

MEDICAL PROFESSIONAL OTHER ☐

NURSE ☐

PHARMACEUTICAL REPRESENTATIVE ☐

COMPANY ☐

MEDICAL STUDENT ☐

PATIENT ☐

COST TO ATTEND (TTD):

DOCTOR **$850**

MEDICAL PROFESSIONAL OTHER **$850**

NURSE **$600**

PHARMACEUTICAL REPRESENTATIVE **$650**

COMPANY **$900**

MEDICAL STUDENT **$500**

PATIENT **$600**

ADDRESS:

EMAIL ADDRESS:

PHONE NUMBER:

FORM OF PAYMENT:

Please make your check payable to the "**Caribbean Autoimmune Related Diseases Association**" and mail to the address listed below. Please send us an email to inform us that the check has been mailed to, shelly.mohammed@gmail.com .

NAME OF DISEASE/S:

MAIL TO: CARIBBEAN AUTOIMMUNE RELATED DISEASES ASSOCIATION
66 BATTOO BOULEVARD, MARABELLA
OR EMAIL SHELLY.MOHAMMED@GMAIL.COM