



ONE HEALTH DAY CONFERENCE 2018

"Hands across the Species"

November 4, 2018

Registration Form

A: Personal Information

First Name	Last Name	Organization
Position/Designation		Email Address
Postal Address		
Phone (work)		Phone (Cell)

B: Registration Fee Category. Please tick the Option that applies

CCFP Member (J\$3,000.00)	JVMA Member (J\$3,000.00)
Non-Member Physician (J\$3,500.00)	Non-Member Veterinarian (J\$3,500.00)
Med/Vet Students with ID (J\$1,500.00)	Non-Medical Persons (J\$2,000.00)
Nurses & Allied Healthcare Professionals (J\$2,500.00)	CME Credits required
Please Specify: _____	

Lunch and Coffee breaks are included:

Please indicate meal preference: No preference Vegetarian Vegan

C: Payment Details

Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> (Cheques payable to JVMA)	
Direct Deposit <input type="checkbox"/> (JVMA NCB Matilda's Corner Branch Acc# 371889051)	
Please invoice my Organization (Please supply billing information) <input type="checkbox"/>	
Credit Card type(if applicable)	Cardholder Name
Credit Card Number	Expiration Date

Cancellation policy – Refund of registration fees, less J\$500.00, will be given for cancellations made up to two (2) weeks prior to event. No refund applicable thereafter.

Registrant's Signature.....Date.....

Venue: The Alhambra Inn Hotel, 1 Tucker Avenue, Kingston
Info@: CCFP-Ja secretariat - 876-946-0954 or 876-517-6636 Email:
ccfp@cwjamaica.com and edcommittee@jvma.org
Open to physicians, veterinarians, all allied health professionals, students
and other interested persons