

The Eastern Caribbean Oncology Conference

A CME Event

Registration Form

Full Name
First Name Last Name

Registration Category Medical Practitioner Allied Health Professional Student

Organization

Industry

Address
(Street Address)

(Street Address Line 2)

(City)

(Postal/Zip Code)

(State/Province)

(Country)

E-mail

Phone -
Area Code Phone Number

Diet Preference

Food Allergies

Conference Registration Fee \$250.00 XCD (Medical Practitioners)

\$50.00 XCD (Allied Health Professionals & Students)

Donation \$ _____

Total \$ _____

Please note that all cheques should be written to "The Cancer Centre Eastern Caribbean". Wire transfer details can be found on the following page. *TCCEC is genuinely grateful for your donation.*

The Cancer Centre Eastern Caribbean
The Medical Pavilion, Michael's Mount, St. John's, Antigua

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Email: info@tmp-antigua.com