

GRADUATE SCHOOL OF PUBLIC HEALTH
 MEDICAL SCIENCES CAMPUS
 UNIVERSITY OF PUERTO RICO

REGISTRATION FORM

TO BE RETURNED ON OR BEFORE AUGUST 1ST, 2004

Mailing Address:

Second Puerto Rican Conference on Public Health
 Graduate School of Public Health
 Medical Sciences Campus
 University of Puerto Rico
 GPO Box 365067
 San Juan, Puerto Rico 00936-5067

Email: confsp@rcm.upr.edu

Web page: www.rcm.upr.edu/PublicHealth/Conferencia2004.htm

Telephone: (787) 763-7291 (787) 274-0582, (787) 763-6681

Fax: (787) 754-6621

PARTICIPANT INFORMATION:

Last name: _____ Maiden Name: _____ First Name: _____ Initial: _____

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

Profession: _____ Position: _____

Organization: _____

Mailing Address: _____

City: _____ Country: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Please check if you are interested in Continuing Education Credits: () Yes () No

Special Needs: If you required special assistance to fully participate in the Conference, please specify:

CONFERENCE REGISTRATION FEE:

	Before May 31 st , 2004	Between June 1 st and August 15, 2004	Registration On Site
Participant	\$175.00	\$200.00	\$225.00
Student	\$100.00	\$125.00	\$150.00

Sub-total 1 : _____

SOCIAL PROGRAM

- Opening Ceremony (included in the registration fee) ()Yes ()No
- Banquet (optional) (\$60.00 per person) ()Yes ()No
- Closing Reception (included in the registration fee) ()Yes ()No

Sub total 2: _____

PAYMENT (SUBTOTAL 1 + SUBTOTAL 2)

Total: _____

PAYMENT

- **Payment Terms- Payable in U.S. dollars.**
- **Checks- Payable to the University of Puerto Rico - Second Puerto Rican Conference on Public Health (name and address of the participant must be clearly shown on check). Please enclose check with your duly completed Registration Form.**

Credit Card- **We accept the following credit cards:**

() Master Card () Visa () American Express

Please fill the enclosed form and send by mail or fax (787) 754-6621

IMPORTANT: CANCELLATIONS AND REFUND POLICY

- **All cancellations and refund request should be notified in writing to the Second Puerto Rican Conference on Public Health (regular mail, fax or e-mail).**
- **All refunds will be sent after the Conference.**

Please keep a copy of this Registration Form and any other evidence of payment to be shown at the moment of formally completing your registration at the Conference site.
