



Medical Association of Jamaica
 19a Windsor Avenue
 Kingston 5
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Symposium 2011
Health for Development: One Health, One Medicine
June 2-5, 2011, The Jamaica Pegasus Hotel

Please **print** clearly – illegible or incomplete forms will **NOT** be processed:

Title Prof Dr Mr Mrs Ms

Specialty _____

Surname _____

First Name _____

Mailing Address _____

Contact Information **Phone** _____ **Fax** _____

Email _____

SYMPOSIUM REGISTRATION DETAILS

# Delegate Category	Daily Conference Rate (\$)	Full Conference Rate (\$)
1. MAJ Members	2,000.00	5,000.00
2. Non-Members	2,500.00	6,000.00
3. Nurses & Residents	1,200.00	3,500.00
4. Students	500.00	1,500.00

Delegate Category #: 1 2 3 4

Full Registration Daily Registration

Select Day(s) in attendance: (for daily registration only) Fri Sat Sun

WORKSHOP REGISTRATION DETAILS

\$ 2,500 per Workshop

1. Ethics
2. Basic ECG & Arrhythmia Interpretation
3. Pain Workshop