



The Caribbean Association of Otolaryngology

CARIBBEAN ASSOCIATION OF OTOLARYNGOLOGY

REGISTRATION FORM

(Please print clearly)

Surname: _____ First Name: _____ Initial(s): _____

Home Address: _____

Mailing Address: _____
(if different from above) _____

Contact Information: e-mail address _____
Telephone #(work) _____
Mobile # _____

Speciality: _____
Medical Qualification(s): _____
Country: _____

I would like to register _____ Person(s) for the conference.

Charges: Physician:	_____	@ US\$800.00*
Residents:	_____	@ US\$500.00*
Spouse/Student/Companion:	_____	@ US\$375.00
Total	_____	

Name of Spouse/Companion _____

Have you attended previous CAO conferences?	2017 (Dominica)	YES _____	NO _____
	2016 (Trinidad)	YES _____	NO _____
	2015 (Bahamas)	YES _____	NO _____
	2014 (Bermuda)	YES _____	NO _____

***Please note early registration ends 28th Feb. 2018, additional US\$50.00 after this date.**

Registration Fees

Please charge \$ _____ to: VISA Mastercard

Card Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature _____ Date _____

Credit card transactions will appear on your statement as Barbados Association of Otolaryngologists – Head & Neck Surgeons (BAO-HNS)
www.caoent.com