### CARIBBEAN ASSOCIATION OF NEUROLOGICAL SURGEONS

# REGISTRATION FORM FOR 40th annual neurosurgical conference

# cANCUN, MEXIC0 (6 – 9 nov 2013)

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| Today’s Date: | | | | | | | | | | | | | | | | | |
| registrant INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name: | | | | | | | | First: | | | | | | Middle: | | | | | | | Dr.  Mr. | | | | | | | | | Miss  Ms. | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | |  | | | | |
| Are you a CANS Member ? | | | | If yes, How long have you been a CANS member ? | | | | | | | | | | Medical Institution from which you graduated | | | | | | | | | | | Year of graduation | | | | | | | Years in practice | | | | | |
| Yes | | No | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | |
| Street address: | | | | | | | | | | | | | | | | Office phone no.: | | | | | | | | | | | | Home phone no.: | | | | | | | | | |
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| P.O. box: | | | | | | | City: | | | | | | | | | | | | Country: | | | | | | | | | | | | Fax No: | | | | | | |
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| Occupation: | | | | | | | Email: | | | | | | | | | | | | | | | | | | | | cell phone no.: | | | | | | | | | | |
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| Area of special interest: | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | |  | | |
| cranial | | | spinal | | paediatric | | | | | | | | | functional | | | | | endoscopic | | | | | | | endovascular | | | | | | | | | | | |
| Title of submitted paper if applicable | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| social program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Space reserved for registration number: .) do not write on this line | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Registrant: | | | | | | | | Address (if different): | | | | | | | | | | | Home phone no.: | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | |  | | | | | | | | | | | | | | | | (     ) | | | | | | | | | | |
| Will you be accompanied at the Welcome Reception ? | | | | | | Yes | | | No | | Name of accompanying person: | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Will you be accompanied at the banquet? | | | | | | | | Yes | | No | | | | Name of accompanying person: | | | | | | | | | | | | | | | | | | | | | | | |
| Please indicate the number of your guests at the banquet | | | | | | | | 1 | | | | 2 | | | | | | | | | 3 | | | | | | | | | | | | | | | | |
| **CONFERENCE REGISTRATION FEE**:  (Payable at the Registration Desk) | | | | | | | | **C.A.N.S. ANNUAL MEMBERSHIP FEE** ( applies to CANS members only) | | | | | | | | | **WORLD FEDERATION DUES**  (applies to CANS members only) | | | | | | | | | | | | | | | | | | | | |
| Specialists - $75.00 / Residents - $50.00 | | | | | | | | US $ 55.00 | | | | | | | | | US $8.00 | | | | | | | | | | | | | | | | TOTAL DUE | | | $ | |
| Payment by cashier’s cheque drawn in US dollars payable to the Caribbean Association of Neurological Surgeons. Enter cheque no below. | | | | | | | | | | Please write your name on the back of the cheque: enter your name below as it appears on your cheque | | | | | | | | | | | | | Amount paid | | | | | | | | | | | Balance due (if any) | | | |
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| **ACCOMODATION**: Please contact the Conference Hotel, the Hotel Dreams Cancun Resort and Spa to reserve your accomodation. When making your reservation you need to indicate that you are with the Caribbean Neurosurgery Conference in order to avail yourself of the negotiated group room rate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IN CASE OF EMERGENCY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of local friend or relative | | | | | | | | | | | | | | | Relationship to registrant: | | | | | | | Home phone no.: | | | | | | | | | | Work phone no.: | | | | | |
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|  | Signature | | | | | | | | | | | | | | | | | | |  | | | | Date | | | | | | | | | | | | |  |