



**CHART -CCAS-CMLF 2<sup>nd</sup> Joint Meeting / 10<sup>th</sup> CCAS HIV Workshop**  
 August 25<sup>th</sup> – 29<sup>th</sup> 2013

Theme: 'Building on Achievements in Quality Laboratory Diagnostics, Treatment and Care for the Caribbean HIV Population'  
 The Breezes Resort and Spa, Nassau, The Bahamas

**WORKSHOP REGISTRATION FEES AND GENERAL NOTES**

**Regional Delegates – US\$ 345 International Delegates – US\$ 690**

To register for the Joint Meeting and secure your accommodation you are kindly requested to complete this form and return it to the CCAS via fax (+1-246-4268406) or email ([ccassecretariat@gmail.com](mailto:ccassecretariat@gmail.com)) to the conference secretariat. Please complete all details including payment details. If you are paying for registration and/or accommodation via a wire transfer or bankers draft kindly contact the CCAS for details. Once your form has been received please allow for a maximum period of 48 hours for a response confirming your registration and hotel reservation. Reservations received after the room block has been filled or after the 10<sup>th</sup> of August 2013 will be subject to availability and prevailing rates.

**PLEASE FILL IN USING A BLACK PEN IN BLOCK LETTERS. PLACE A TICK MARK WHERE APPROPRIATE**

**YOUR DETAILS**

FULL NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ROOMMATE (IF APPLICABLE): \_\_\_\_\_

ARRIVAL DATE: \_\_/\_\_/\_\_\_\_ DEPARTURE DATE: \_\_/\_\_/\_\_\_\_  
 MM DD YYYY MM DD YYYY

FLIGHT NO. (IF KNOWN): \_\_\_\_\_ ESTIMATED TIME OF ARRIVAL: \_\_\_\_\_

SPECIAL REQUESTES AND MEAL PREFERENCES: \_\_\_\_\_

ARE YOU: FACULTY? \_\_\_ DELEGATE? \_\_\_ VENDOR? \_\_\_ ABSTRACT PRESENTER? \_\_\_

## ROOM PREFERENCE

Please indicate number of single and/or double room(s) required in the desired category. A credit card is required for reservations. The All Inclusive Package at The Breezes Resort includes all service charges including portorage and maid fees, meals and beverages served throughout the day. Wireless internet access is included in all guest rooms. Rates are quoted in US Dollars per night. The Age Limit for this resort is Years 14 and above.

Single Occupancy (US\$ 165): \_\_\_\_\_

Double Occupancy (US\$ 110 per person): \_\_\_\_\_

Triple Occupancy (US\$ 99 per person): \_\_\_\_\_

## ABSTRACT PRESENTATION

We invite you to submit an abstract (250 words or less) of your most recent results in the area of HIV/AIDS. The deadline for electronic abstract submission is May 10<sup>th</sup> 2013. The scientific committee welcomes submissions for both oral and poster presentations. Abstracts accepted for an oral presentation will entitle one presenter to a 50 % discount of registration fees

Will you be submitting an abstract: YES \_\_\_\_\_ NO \_\_\_\_\_

## VISAS

Most Caribbean Nationals do not require an entry visa to visit the Bahamas. Please visit the link below to see if you require a visa: [www.bahamas.gov.bs/foreignaffairs/](http://www.bahamas.gov.bs/foreignaffairs/) . Please contact the CCAS secretariat if your nationality requires a visa from the list in the link above.

**Indicate your Nationality:** \_\_\_\_\_

## PAYMENT

Please complete the details below and sign authorizing the CCAS to charge your credit card if you have selected option 1. If you are deferring payment or have been exempted (only faculty and organisers) from payment kindly tick the appropriate box below.

1.) Credit Card \_\_\_\_\_ 2.)Wire Transfer \_\_\_\_\_ 3.)Bankers Draft \_\_\_\_\_

Credit Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_

I hereby authorize the CCAS to charge my card for the amount \$ \_\_\_\_\_ for Registration \_\_\_\_\_  
Accommodation \_\_\_\_\_

Payment Deferred or Exempted: \_\_\_\_\_ Signature: \_\_\_\_\_

## **CANCELLATION POLICY**

You may cancel your room reservation for no charge up to 7 days prior to your arrival. Please note that any cancellations made after this deadline will be subject to charge for 1 night of your room charge (for the night of the reservation). Contact the CCAS Secretariat to cancel your reservation

## **GROUP TRANSFERS**

We can facilitate group transfers from the airport to the hotel for persons arriving at similar times. The group rate on Leisure Tours is US\$ 25 per person from and to the airport.

Please indicate if you will require this service. You will be notified closer to the meeting date.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

## **CONTACT INFORMATION**

Caribbean Cytometry and Analytical Society, Chronic Disease Research Centre, Jemmott's Lane, St. Michael, Barbados 11115. Tel: 1-246-426-6416, Fax: 1-246-426-8406, Cell: 1-246-8367227;  
Email: [ccassecretariat@gmail.com](mailto:ccassecretariat@gmail.com),