

**Caribbean Medical Providers Practicing Abroad  
(CMPPA)  
MEDICAL CONFERENCE & COMMUNITY OUTREACH PROGRAM  
JUNE 10<sup>th</sup>, 11<sup>th</sup> & 12<sup>th</sup>, 2016**

**BOOTH APPLICATION/REGISTRATION FORM**

DATE: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

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

NAME OF REPRESENTATIVE: \_\_\_\_\_

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

BRIEF DESCRIPTION OF DISPLAY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT DETAILS**

METHOD OF PAYMENT: [ ] CHEQUE NO: \_\_\_\_\_ [ ] CASH \_\_\_\_\_

**AGREEMENT**

- Dates for display of products/services/items are **Friday, June 10<sup>th</sup>, 2016 from 6.00 a.m. to 6.00 p.m.** (setting up of Booth starts at **5.00 am.**) and **Saturday, June 11<sup>th</sup>, 2016 from 6.00 a.m. to 6.00 p.m.** (setting-up of Booth starts at **5.00 a.m.**)
- Size of display Table is **6ft. x 4ft.** Color of table cover \_\_\_\_\_.
- Representative/s are solely responsible for all products displayed on Booths. CMPPA will not be held Responsible/liable for any losses incurred or any damages whatsoever should it be unforeseen or otherwise in any way arise/occur.
- Cost of **one (1) Booth** to display on the dates of **June 10<sup>th</sup>, 2016 and June 11<sup>th</sup>, 2016** is **\$500.00 USD.**
- Payment is to be submitted/attached/enclosed with Application form and submitted to: \_\_\_\_\_
- Cheques are to be made payable to: **Caribbean Medical Providers Practicing Abroad (In U.S. currency).**
- Cancellation of Booth (if any) must be made **one (1) month** in advance of Conference date. A **Processing Fee of \$50.00 USD** will be incurred to the Applicant/Registering Organization.
- Representative/s are invited to partake in the coffee and tea provided. Meals are provided.
- All questions/queries/information can be directed to **Dr. Gerard M. Antoine - [cmppa.ga@gmail.com](mailto:cmppa.ga@gmail.com)**

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I/We have read the contents of this Application and I/We have agreed and hereby comply to the rules outlined by CMPPA. I/We have enclosed payment for the amount of \$500.00 (cheque/cash) which represents payment in full for one (1) Booth on the given dates. **Cheques are to be made in U.S. currency.**

\_\_\_\_\_  
Organization's Stamp

\_\_\_\_\_  
Representative/Authorized Signature

\_\_\_\_\_  
Dr. Gerard M. Antoine