

**University of the Virgin Islands
Caribbean Exploratory Research Center 10th Annual Health Disparities Institute**

**St Thomas, USVI — October 18-20, 2017
Frenchman's Reef & Marriott Beach Resort**

INSTRUCTIONS: Complete this Registration Payment Form and email or post it to: Dr. Gloria B Callwood, Director — Caribbean Exploratory Research Center University of the Virgin Islands, 2 John Brewers Bay, US Virgin Islands 00801
Download, complete and save this PDF to your computer then attach it to an email addressed to: CERCsecretariat@uvi.edu

Title:	Prof.	Dr.	Mr.	Mrs.	Ms.	Other:
Full Name:						
University/Organization Name:						
University/Organization Address:						
Email Address:				Mobile Phone Number:		
Presenter			Non-Presenter			

Registration Type	USVI Residents	General	Student	Amount USD
Early-Bird On or Before Sept. 18, 2017	\$250	\$325	\$125	
Pre-Registration On or Before Oct. 6, 2017	\$275	\$375	\$175	
On-Site Registration	\$300	\$400	\$175	
Day Rate	\$150	\$225	\$100	
	Undergrads	Graduates	Professionals	
Pre-Institute Workshop Registration	\$20	\$30	\$50	

TOTAL:

PAYMENT METHODS AND INSTRUCTIONS (<i>Cash is not accepted</i>)	Check One
Payment by Money Order or Bank Check (Not Personal Check): Make payable to "CERC — University of the Virgin Islands." Mail to the above address, together with this Registration Payment Form. Note: Please email a scanned copy of the check to the Director before mailing the original. You will receive a receipt via email.	
Payment by Credit Card by Email: Complete the information required below and email this Registration Payment Form to the Director to forward to the UVI Cashier for processing. You will receive a receipt via email.	
Payment by Credit Card by phone: <i>Call the UVI Cashier's office directly for them to take the credit card details over the phone. 340-693-1437 or Mr. Robert Chen at 340-693-1143.</i> State it is for Conference Fees for the CERC Institute Account No. 260239 , and provide your name and email address. You will receive a receipt via email. <i>Note: You still need to complete and email this Registration Payment Form to the Director (but only enter the last four digits of the credit card number).</i>	
UVI Faculty/Staff Members: Name of School/College paying your Registration Fees	
Dean's Signature	Date:

PLEASE CHARGE MY: MASTERCARD	VISA
NAME ON CARD:	CARD NUMBER:
EXPIRATION:	3-DIGIT SECURITY CODE: