

CONFERENCE REGISTRATION FORM

Complete the form and mail, fax or e-Mail
with appropriate payment.



21
CONVENTION
AUGUST 8-10
PONCE, PR

2025 CONVENTION

ALL INFORMATION STATED ABOVE
WILL REMAIN CONFIDENTIAL TO CARIBE GYN

PLEASE TYPE OR PRINT:

Medical Licence #: _____

Name: _____ Medical Specialty: _____
Last Name Name Initial

Mailing Address: _____
Street Number Dept. / Suite

City _____ State _____ Zip Code _____

Office: _____ Cell: _____ Fax: _____

Home: _____ E-mail: _____

HOTEL ACCOMMODATIONS

A block of rooms has been reserved at the Hilton Ponce Golf & Casino Resort, at the special rate of \$219.00 per night, plus state & local taxes. These special room rates are available to the course attendee from May 1st, 2025 to July 3rd, 2025. Others rates and conditions may apply.

Additional information can be obtained by calling th Hilton Ponce Hotel .To received this room rates remember mention that you are a registrant of the Caribe Gyn Ob/Gyn Conference. Reservation received after the cut-off date are subject to availability and prevailing rates.

Hilton Ponce Golf & Casino Resort
1150 Caribe Avenue • Ponce, Puerto Rico 00716
Tel :787-259-7676 • Fax: 787-259-7674

REGISTRATION RATES

Registrants	Cash / Check	Credit Card
Ob/Gyn*	\$400.00	\$420.00
Ob-Gyn Coop Members*	\$300.00	\$320.00
Health Professionals*	\$500.00	\$520.00

* These fees allows the registrant to participate in the conferences and social activities with spouse or companion.

Students / Residents**	\$80.00	\$90.00
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****There is no charge for students taking the conferences with and Ob/Gyn Department's Director letter. Students rates includes all social activities but is valid for one person only. See Guests rates for Student / Resident's spouse or companion.**

Social Activities	Chash / Check	Credit Card
Friday, August 8 th • Welcome Reception	\$100.00 p/p	\$110.00 p/p
Saturday, August 9 th	\$120.00 p/p	\$130.00 p/p
Sunday, August 10 th • Family Activity	\$85.00 p/p	\$95.00 p/p
Children under 6 years old	\$45.00 p/p	\$55.00 p/p

IMPORTANT: Please answer the following question.

Do you want to be registered on the Golf Tournament?. Thursday, August 7th, 2025 at Costa Caribe Golf Club at t 11:00 AM. ____ YES ____ NO

Handy Cap ____ Polo size ____ Free only for Phiscians participating in the convention

Payment Type: ____ Check (Please Enclose) ____ Visa ____ Master Card (Sorry, No AMEX)

Cardholder's Name: _____ Signature: _____

Card Number: _____ Exp. Date _____ Security Code#: _____

Make all checks payable to:

Caribe-Gyn
PO Box 801195
Coto Laurel, PR 00780-1195

**Cancellation Policy: Registration is 50% refundable only if written cancellation is received by July 25st, 2025.
NO REFUND WILL BE GIVEN AFTER THIS DATE FOR ANY REASON.**

For more information:

Germaine Quiñones
Convention Coordinator

Tel: 787-608-1477

Fax: 787-841-6886

eMail: caribegyn2015@gmail.com