

# 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:

Name: \_\_\_\_\_ 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 1<sup>st</sup>, 2025 to July 3<sup>rd</sup>, 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
------------------------	---------	---------

\*\*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 <sup>th</sup> • Welcome Reception	\$100.00 p/p	\$110.00 p/p
Saturday, August 9 <sup>th</sup>	\$120.00 p/p	\$130.00 p/p
Sunday, August 10 <sup>th</sup> • Family Activity Children under 6 years old	\$85.00 p/p \$45.00 p/p	\$95.00 p/p \$55.00 p/p

**IMPORTANT:** Please answer the following question.

Do you want to be registered on the Golf Tournament?. Thursday, August 7<sup>th</sup>, 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 25<sup>st</sup>, 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