



REGISTRATION FORM

38th Annual
 Gulf Atlantic Anesthesia Residents' Research Conference
 April 27-29, 2012 • Caribe Hilton Hotel • San Juan, Puerto Rico

Please complete the following form. All fields are required.

General Information	
First Name	
Last Name	
Suffix	Select
Address	
City	
State	
Zip Code (Digits Only)	
Country	
Gender	Select
Specialty	Select
Phone (Digits Only)	
Fax (Digits Only)	
Program	
PGY Level	Select
Special Needs as designated by the ADA	
Dietary Restrictions	

Once completed, email form to gaarrc2012.rcm@upr.edu along with other registration documents. Participants will be considered registered only when all the following steps have been accomplished:

1. Submission of registration form.
2. Submission of Abstract (see separate instructions for abstract submission).
3. Submission of disclosure form.
4. Complete payment has been received.

Terms of Registration

- By clicking on this check box, you acknowledge that the contact and payment information provided are correct.
- Upon receipt of your payment in full, an initial e-mail confirming your registration status will be issued to you at the registered e-address.
- Please note that a presenter's registration is considered complete only after an abstract, registration form, "Disclosure of Relationships" form (see "Abstract Guidelines"), and full payment are completed and received no later than 11:59:59 PM (EST) on March 12, 2012 at **GAARRC2012.rcm@upr.edu**. Compliance with the deadline requirement is determined by the messages arrival date/time-stamp at the above-referenced e-address. At a later date, a second e-mail acknowledging your fully registered status will be issued.
- For a summary of additional, time-sensitive information, including refunds, click on the "Meeting Deadlines" button. (www.gaarrc.org)

I agree with the Terms of Registration I do not agree with the Terms of Registration

Accommodations for Disabilities

- If a reasonable accommodation for a disability is needed, please e-mail to GAARRC2012.rcm@upr.edu, or write to:

University of Puerto Rico
School of Medicine
Department of Anesthesiology
PO Box 365067
San Juan, PR 00936
Phone: (787) 758-0640

* a minimum of ten working days in advance of the event.

- Events, activities and facilities of the University of Puerto Rico are accessible without regard to race, color, sex, national origin, disability, age, or Vietnam veteran status as provided by law and in accordance with the University's respect for personal dignity.