



75 Maiden Lane, Suite 208, New York, NY 10038  
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## CONFERENCE REGISTRATION FORM

### *National Conference on the Latino Elderly*

*Please print and return by regular mail.*

Date: 6 - 7 October 2005  
Place: Metropolitan Hospital Center  
1901 First Avenue  
New York City, NY 10029

### **1. Participants information**

Full Name: \_\_\_\_\_

Title: \_\_\_\_\_ £ Prof. £ Dr. £ other: \_\_\_\_\_ £ Mr. £ Ms. £ Mrs.

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **2. Conference Fees**

Conference fees include admission to conference plenary sessions, registration, workshops, materials and reception.

	<b>Before Oct. 1st, 2005</b>	<b>On-Site</b>
Organization	US \$ 150	US \$ 200
Individual	US \$ 100	US \$ 120
Students	US \$ 10	US \$ 20
Seniors	Free	Free

By sending in this registration form, I acknowledge that I commit myself to the immediate full payment of the required conference fees. Furthermore, I understand and accept that all conference fees are **non-refundable**.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please make check payable and send to:

Latino Gerontological Center  
75 Maiden Lane, Suite 208  
New York, NY 10038