



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.

	Before Oct. 1st, 2005	On-Site
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