



MINISTRY OF
HEALTH, SPORTS,
YOUTH & CULTURE
CAYMAN ISLANDS GOVERNMENT

Cayman Islands HealthcareConference

Winning the War Against Chronic Non-Communicable Diseases

The Ritz Carlton, Grand Cayman
20th-22nd November 2014

SPONSOR REGISTRATION FORM

Company Name: Company Contact Name:

Company Contact E-mail: Phone:

Level of Sponsorship Package:

Type of payment : Local Cayman bank cheque Bank Draft (from Overseas)* Credit Card** Wire Transfer

**Cheques from non-Caymanian banks cannot be accepted **If paying by credit card, a 5% surcharge will be added to your invoice*

Number of Delegates attending:

Names & e-mails of Delegates attending:

Do you need booth space? Yes No Will you be providing give away items in the delegate bag? Yes No

If so, do you know what you will be providing?

If your sponsorship includes dinner tickets for the Speaker/Sponsor Dinner Friday evening, how many delegates will be in attendance from your company? _____

Please provide names, if available

If your sponsorship package does not include Speaker/Sponsor dinner tickets, would you like to purchase tickets?
Yes No If yes, how many (cost per person is CI\$75 / USD\$91)? _____

Please provide names, if available

Signature _____ Date _____

Please sign, scan and e-mail this form back to brooke@tower.com.ky

By completing this form, you are agreeing to pay in full the sponsorship amount once invoiced for the 2014 Cayman Islands HealthCare Conference in Grand Cayman. Once your sponsorship is confirmed an invoice will be sent to you which will contain specific payment remittance details. Full payment due upon receipt of invoice and must be paid in full BEFORE the event.