



**“Invest Caribbean Conference”  
22nd – 25<sup>th</sup> May, 2017  
St. John’s, Antigua and Barbuda**

**FOOD ALLERGIES AND MEDICAL INFORMATION FORM**

**PERSONAL DETAILS:**

TITLE:     Hon.  Dr.  Mr.  Mrs.  Ms.

Other  ..... (Please state.)

NAME (as in passport): \_\_\_\_\_

GENDER: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**MEDICAL INFORMATION:**

*\*Please indicate any special medical information including allergies; medication or specialized medical attention which may be required.*

**SPECIAL ARRANGEMENTS:**

*\*Please indicate if any special arrangements are required with regard to diet etc.*

**EMERGENCY CONTACT:**

In case of emergency, please contact:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT #: \_\_\_\_\_

*For additional information please contact the CIU in Antigua and Barbuda  
Tel: 268 481 8400 Fax: 268 562 8431 or Email [events@cip.gov.ag](mailto:events@cip.gov.ag)*

