



**“Investment Caribbean Conference”
24th – 26th May, 2016
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, contact:

NAME: _____

ADDRESS: _____

CONTACT #: _____

*For additional information please contact the CIU in Antigua and Barbuda
Tel: 268 481 8406 Fax: 268 562 8431 or Email events@cip.gov.ag*

