



The Akari Foundation

www.theakarifoundation.org

Save the date
**Akari travels
the USA**



The Akari Foundation
invites you to our:

**IN PERSON
WORKSHOP**



San Juan
PUERTO RICO

Address

Hyatt Place San Juan

580 Fernández Juncos Avenue.
San Juan, Puerto Rico, 00907



**Saturday
April 1st**



10:00 AM to 4:00 PM



Come and *meet other
Spanish speaking
families* and experts
in DMD.

AN EVENT THAT
IS

100%
in

SPANISH



We will have lunch
and different activities
for the kids.

Join the Fun!





Overall Schedule

Date: April 1st, 2023

Main goal:

Schedule

- 1**
9:00am a 10:00am Open to sponsors to set up to be ready by 10:00am
- 2**
10:00am a 11:00am Registration (Open sponsors area).
- 3**
11:00am a 11:10am Welcome Speech from Luisa Leal, the Founder of The Akari Foundation.
- 4**
11:10am a 12:00pm Presentation of the Sponsors.
- 5**
12:00pm a 12:50pm Dr. Alexandra Montalvo – “Pharmacological Treatments in Duchenne and Care in Female Carriers”.
- 6**
12:50pm a 1:50pm Lunch.
- 7**
1:50pm a 2:05pm Open sponsors area.
- 8**
2:05pm a 2:55pm Dr. Eduardo Ramos – “Fundamentals of Duchenne muscular dystrophy patients”.
- 9**
2:55pm a 3:45pm Dr. Diana Castro – “Current clinical trials in Duchenne and Becker”.
- 10**
3:45pm a 4:00pm Closing remarks from Luisa Leal, Founder of The Akari Foundation.
- 11**
4:00pm - Open sponsors area.





Hyatt Place San Juan



Hotel Information Hyatt Place San Juan



Address

580 Fernández Juncos Avenue.
San Juan, Puerto Rico, 00907

To ship materials:

Hyatt Place San Juan
Joel Hernandez- Dual Sales Manager
C/O The Akari Foundation: Luisa Leal
580 Fernandez Junco Ave
San Juan, Puerto Rico 00907

Joel Contact Information:
T 787-721-3083 M 787-949-5777
Email: joel.hernandez@hyatt.com

**For room reservations please fill out the
form below and email to:**

Jaen Carlos Arocho
Dual Corporate Transient Sales Manager
T 787-721-3059 M 939-645-0004
Email: jaen.aroch@hyatt.com



HORIZON



SAREPTA
THERAPEUTICS



NS Pharma



San Juan

Hyatt Place San Juan
580 Ave. Fernández Juncos
Ave. Distrito de Convenciones
San Juan, Puerto Rico 00907
Tel: 787-3000
Fax -787-721-0300

CREDIT CARD AUTHORIZATION FORM

Hotel: _____

Guest Name: (attach list if necessary) _____

Guest Reservation Confirmation Number: _____

Function Name: (if applicable) _____

Guest Arrival Date(s): _____

Name of Business: (if applicable) _____

(This address will be used for the purpose of mailing a receipt.)

Credit Card Billing Address: _____

City / State / Zip _____

Credit Card Holder Contact Phone Number _____

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply:

- Room and Tax [] Only Specified Incidentals [] Gift Certificate []
All Incidentals [] All Banquet Charges [] Guest Amenity []
Other []

Comments: _____

Type of credit card: VS/ MC/ AMEX/ Etc. _____

Credit Card Number: _____

Expiration Date: _____

Name on Card (Please Print): _____

Credit Card [x] Debit Card []

Authorized Signature: _____ Date: _____