

GROUND FLOOR, CHAMBER BUILDING COLUMBUS CIRCLE, WESTMOORINGS

P.O. BOX 499, PORT OF SPAIN, TRINIDAD AND TOBAGO, W.I. PHONE: (868) 632-4051 FAX: (868) 633-7897 OR 637-7425

E-MAIL: drc@chamber.org.tt

REGISTRATION FORM

"Practical Mediation Skills"

Certificate Programme

2 whole day sessions: 21st & 22nd June 2017

8:00 a.m. - 5:00 p.m.

Cost: \$3,500.00 (VAT Inclusive)

(10% discount for groups of 5 persons & more)

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Please complete in block letters: Name(s): (BLOCK LETTERS)		Job Title:		
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Name of Orga	anisation:			
Address:				
Contact Person:		E-mail	:	
(Cell/Work/Home	•	Fxt ·	_ Fax No:	
Emergency Contact Name:				
Meal Preference (a) Chicken □ (b) Fish □ (c) Vegetarian		, -	, , ,	
I am allergic to:				
Cancellation Policy:				
 i. Registration is only confirmed upon receipt of this form by The Dispute Resolution Centre accompanied with the appropriate payment before 14th June, 2017. ii. Payment will be refunded if written notice of cancellation is received by 14th June, 2017. iii. By signing this registration form, registrants acknowledge that payments are NOT refundable if cancellation is made after the 14th June, 2017 deadline. iv. In cases where registrants neither cancel nor attend this function, please note that there is NO entitlement to a 				
refund under these circumstances. v. Payments can be made via Cash, LINX, Credit Card or Cheques which should be made payable to:				
	nidad and Tobago Chamber of	•		
Please call	to verify receipt of Registra	tion forms		
Ensure registration form is completed below by authorized signatory:				
Aut	thorized Signatory only:	Date:	Company Stamp:	