

Ground Floor, Chamber Building Columbus Circle, Westmoorings, P.O. Box 499, Port af Spain, Trinidad and Tobago, W.I. Phone: (868) 637-2642 / 637-6966 Ext 1250 Fax: (868) 633-7897 / 637-7425 E-MAIL: <u>drc@chamber.org.tt</u>

REG	ISTRA	TION	I FO	RM

	(	Certificate Progr Certificate Progr 09 <sup>th</sup> & 10 <sup>th</sup> November 8:00 a.m. – 5:00 <u>t:</u> TT\$3,600.00 (VA	ramme r, 2017 ) p.m.	
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Name of Organisation	on:			
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Emergency Contact Name:		Emergency Contact No.:		ontact No.:
Meal Preference				
(a) Chicken□ I am allergic to	] (b) Fish [] o:			(d) Vegetarian ( <u>With Fish</u> ) 🗆
the appro ii. Payment v iii. By signing made afte iv. In cases v refund un v. Payments <b>Trinidad</b> <b>Please call to ver</b> <b>Please ensure regi</b>	on is only confirmed upo priate payment before 02 will be refunded if written g this registration form, re er the 02 <sup>nd</sup> November, 20 where registrants neither der these circumstances	2 <sup>nd</sup> November, 2017. notice of cancellation egistrants acknowledg 17 deadline. cancel nor attend this LINX, Credit Card or ( of Industry and Comr ation forms	is received by ge that paymen function, pleas Cheques which merce rized signator	nts are <u><b>NOT</b></u> refundable if cancellation is se note that there is <u><b>NO</b></u> entitlement to a in should be made payable to:
Authorize	ed Signatory only:	Date:	C	Company Stamp: