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REG	ISTRA	TION	I FO	RM

	(Certificate Progr Certificate Progr 09 th & 10 th November 8:00 a.m. – 5:00 <u>t:</u> TT\$3,600.00 (VA	ramme r, 2017) p.m.	
Please complete in <u>Name(s</u>): (BLOCK		<u>Job Ti</u>	itle:	
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Name of Organisation	on:			
Address:				
(Cell/Work/Home)				No:
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 Trinidad Please call to ver Please ensure regi	on is only confirmed upo priate payment before 02 will be refunded if written g this registration form, re er the 02 nd November, 20 where registrants neither der these circumstances	2 nd 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>NOT</u> refundable if cancellation is se note that there is <u>NO</u> entitlement to a in should be made payable to:
Authorize	ed Signatory only:	Date:	C	Company Stamp: