

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

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## **REGISTRATION FORM**

## "Practical Mediation Skills"

Certificate Programme

2 whole day sessions: 16th & 17th November, 2017

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

**Cost:** \$3,500.00 (*VAT Inclusive*)

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

Please complete in block letters: <u>Name(s)</u> : (BLOCK LETTERS)	<u>Job Title:</u>
1	
2	
3	
4	
Name of Organisation:	
Address:	
	E-mail:
(Cell/Work/Home) Telephone No.: E	xt.: Fax No:
Emergency Contact Name:	Emergency Contact No.:
<b>Meal Preference</b> (a) Chicken $\square$ (b) Fish $\square$ (c) Vegetar	ian ( <u>Strict</u> )
I am allergic to:	
Cancellation Policy:	
<ul> <li>appropriate payment before 09th November, 20</li> <li>ii. Payment will be refunded if written notice of car</li> <li>iii. By signing this registration form, registrants at made after the 09th November, 2017 deadline.</li> <li>iv. In cases where registrants neither cancel nor a refund under these circumstances.</li> </ul>	ncellation is received by 09th November, 2017. cknowledge that payments are <b>NOT</b> refundable if cancellation is attend this function, please note that there is <b>NO</b> entitlement to a Card or Cheques which should be made payable to:
Please call to verify receipt of Registration forms	
Ensure registration form is completed below by authorized signatory:	
Authorized Signatory only: Date	e: Company Stamp: