**The University of the West Indies**

ST. AUGUSTINE, TRINIDAD AND TOBAGO WEST INDIES

#### FACULTY OF SOCIAL SCIENCES

#### DEPARTMENT OF BEHAVIOURAL SCIENCES

 **Tel.: (868)-662-2002, Ext.:2571, 2617, 2020 and 3234 Fax: (868) 663-4948**

**GENERAL (ADULT/FACULTY/NON-UWI STUDENT) REGISTRATION FORM**

***DEPARTMENT OF BEHAVIOURAL SCIENCES POSTGRADUATE CONFERENCE 2017***

**The Importance of Interdisciplinary Social Science research in the Caribbean: Alleviating Inequalities/Integrating Approaches**

First Name: \_\_\_\_Last Name: \_\_\_\_\_\_\_\_ (Mr. / Ms. / Mrs. / Dr. / Prof.)

Gender: M F

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Contact: (H): (C): (W):

**Emergency Contact Information: Meal Preference:**

Name: Vegetarian

Phone: Chicken

Relationship: Fish

Allergies/Special needs: **Yes** or **No**

If yes (kindly specify):

**Employer-Sponsored Applicant: Official Stamp**

Name of Company/Organization:

Address:

Contact Person: ­ Position:

Phone Number: **Invoice #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer contribution to participant’s registration fee:** Amount $

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**All Registration Forms and Receipts are to be returned to the Dept. of Behavioural Sciences immediately after payment for processing (Either via email or personally to Ms. Rachel D’Arceuil or Mr. Rohan Mack).**

 **Thank You for Your Business.**