**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**

**REGISTRATION FORM**

***Mediation Training Workshop***

First Name: Last Name: (Mr. / Mrs. / Ms. / Dr. / Prof.) Gender: (M / F)

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

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

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

**Emergency Contact Information: Meal Preference:**

Name: Vegetarian

Phone: Chicken

Relationship: Other:

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 tuition:** 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.**

**Thank You for Your Business**