









15th-18th January, 2014

REGISTRATION FORM

Complete in BLOCK LETTERS

TITLE:				
LAST NAME:		FIRST NAM	IE:	
INS	TITUTION:			
PRO	FESSION:			
STU	DENT NUMBER (if applicable)			
Stuc	dent ID to be presented when re	egistering		
EMAIL:		PHONE:	PHONE:	
	DISABILITY SERVICES REQUIRED (give a brief description of requested service)			
PLE	ASE INDICATE YOUR REGISTR	ATION CATEGORY		
GEN	IERAL REGISTRATION	FEE		
	Early Bird Registration	\$400.00TTD		
	On-Site Registration	\$450.00TTD		
	Registration day rate	\$150.00TTD		
STU	DENT'S REGISTRATION FEE			
	Early Bird Registration	\$100.00TTD		
	On-Site Registration	\$125.00TTD		
REG	IONAL REGISTRATION FEE			
	Early Bird Registration	\$70.00USD		
	On-Site Registration	\$75.00 USD		
Payment should be made to THE BURSAR, MS. PATRICIA HARF ACCOUNT NUMBER: #29116-5201				

\$200.00USD

\$250.00USD

Email: sportstudiesconference@sta.uwi.edu

www.sta.uwi.edu/sportstudiesconference

Early Bird Registration

On-Site Registration