



REGISTRATION FORM (Form to be filled out in block letters)

COMPANY INFORMATION

Organisation: _____ Date: _____

Address: _____

Billing Contact Name: _____

Billing Contact Job Title: _____

Email: _____

Office Phone: _____ Office Fax: _____

Billing Contact Phone: _____

REGISTRANTS

Title _____ Name _____ Job Title _____ Email _____

Title _____ Name _____ Job Title _____ Email _____

Title _____ Name _____ Job Title _____ Email _____

Title _____ Name _____ Job Title _____ Email _____

Title _____ Name _____ Job Title _____ Email _____

Title _____ Name _____ Job Title _____ Email _____

Title _____ Name _____ Job Title _____ Email _____

Title _____ Name _____ Job Title _____ Email _____

Number of Attendees: _____ × = **Total** _____

RATES US\$1=TT\$6.45

Regular **\$625 USD**

Group Rate 5+ **\$575 USD**

Regional **\$475 USD**

TERMS & CONDITIONS:

Upon registration, a notification together with an invoice will be issued within 5 working days. (Please note: **This is a binding agreement. By submitting this registration form participants and/or organisations agree to abide by the terms and conditions laid out herein. Participants are considered registered upon receipt of a completed, signed and stamped registration form.**) Please make all cheques payable to the **Arthur Lok Jack Graduate School of Business**. Payments **must be made in full** within 30 days of the invoice date or by **Friday 06th November, 2015**, whichever comes first. Payments for registrations submitted after **Friday 06th November, 2015** will be due immediately.

CANCELLATION:

Due to conference demand and volume of preconference preparation, cancellations received on or before **Friday 23rd October, 2015** will be subject to a processing fee of **US\$140.00** for each registered participant cancelling. Cancellations received after **Friday 23rd October, 2015** will not be refunded and are subject to full payment of the conference fee.

SUBSTITUTIONS:

If you are unable to attend, participant substitutions are permitted at any time up until **Friday 20th November 2015, by 2:00pm**. All other substitutions after this time would have to be done on conference day with a written letter authorizing the substitution.

To register please fax completed registration forms to 662-1411 or email to conferencing@lokjackgsb.edu.tt

COMPANY
STAMP HERE

Form Completed By: _____ Phone: _____ Authorized Signature: _____