**CARISCIENCE CONFERENCE AND ANNUAL GENERAL MEETING**

**November 25 – 27, 2015**

**University of the West Indies, St. Augustine Campus**

**REGISTRATION FORM**

Please complete the form electronically and send by email to: **cariscience.org@gmail.com****.**

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| **Name** | **Title and Qualification** | **First Name** | **Last Name** |
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| **Organisation/Affiliation** |  |
| **Position/Job Title** |  |
| **For Graduate Students confirm type Candidacy** | 🞏 MSc | 🞏 MPhil | 🞏 PhD |
| **Organization Address** |  |
| **Email Address** |  |
| **Area of Interest/Specialisation** |  |
| **Registration Type** (Place 🗹) | 🞏 Academic | 🞏 Graduate Student | 🞏 Undergraduate Student |
| 🞏 Industry | 🞏 Government | 🞏 Public |

Thank you for registering for the symposium. A confirmation email will be sent to the email included indicating your registration for the conference.

**For official purpose only:**

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| **Payment Received** | **Delegate Present** | **Date** |
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