

(PLEASE USE BLOCK LETTERS AND COMPLETE THE FORM AS THOROUGHLY AS POSSIBLE)

PROGRAMME INFORMATION	TITLE OF PROGRAMME: _____ COST: _____ PROGRAMME START DATE: ____ / ____ / ____ <small>DD MM YYYY</small> PROGRAMME END DATE: ____ / ____ / ____ <small>DD MM YYYY</small>								
PERSONAL INFORMATION	SURNAME: _____ FIRST NAME: _____ MAILING ADDRESS: _____ E-MAIL ADDRESS: _____ GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE DATE OF BIRTH: ____ / ____ / ____ JOB POSITION TITLE: _____ <small>DD MM YYYY</small>								
TELEPHONE NUMBERS	WORK: _____ EXT.: _____ HOME: _____ MOBILE: _____ FACSIMILE: _____								
COMPANY INFORMATION	COMPANY: _____ MAILING ADDRESS: _____ CONTACT PERSON: _____								
PERSONAL CONSIDERATIONS	<input type="checkbox"/> DIETARY (Please indicate if vegetarian) _____ <input type="checkbox"/> PHYSICAL _____ <input type="checkbox"/> OTHER _____								
FINANCIAL INFORMATION	Please indicate how payment will be made for this programme (<i>The person/company indicated must sign in the space below.</i>) <input type="checkbox"/> INVOICE REQUIRED <input type="checkbox"/> PAYMENT ENCLOSED <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"><small>NAME</small></td> <td style="width: 50%; text-align: center;"><small>SIGNATURE</small></td> </tr> <tr> <td>EMPLOYER: _____</td> <td>_____</td> </tr> <tr> <td>SELF: _____</td> <td>_____</td> </tr> <tr> <td>OTHER (Specify): _____</td> <td>_____</td> </tr> </table>	<small>NAME</small>	<small>SIGNATURE</small>	EMPLOYER: _____	_____	SELF: _____	_____	OTHER (Specify): _____	_____
<small>NAME</small>	<small>SIGNATURE</small>								
EMPLOYER: _____	_____								
SELF: _____	_____								
OTHER (Specify): _____	_____								
OFFICIAL USE ONLY	<input type="checkbox"/> EARLY REGISTRATION DISCOUNT <input type="checkbox"/> GROUP DISCOUNT AMOUNT: \$ _____ DATE: ____ / ____ / ____ <small>DD MM YYYY</small> RECEIPT NO.: _____ ROYTEC REPRESENTATIVE: _____ JOB NO.: _____								
DECLARATION	NOTE: Should you cancel within four (4) days of the programme date, you would be liable for 40% of the cost of the programme. Date of application: ____ / ____ / ____ <i>Applicant's Signature:</i> _____ <small>DD MM YYYY</small>								

Kindly submit all registration forms to ROYTEC, 136-138 Henry Street, Port-of-Spain. Should you require further clarification, please contact our office via the following:

- Telephone no.: (868) 627- 8553/ 2192 Extension : 2110
- Facsimile No.: (868) 623-7338
- E-mail : marketing@roytec.uwi.tt