



CARILEC Training Registration Form

Course Title:

Course Date:

Course Location:

Registering as a: Member Non- Member

PROVIDE US WITH PARTICIPANT DETAILS

Mr/Mrs/Ms. First Name Last Name

Job Title/Department Organisation

Address

Telephone No (s). Fax

Email Address:

Special Dietary Needs

Mr/Mrs/Ms. First Name Last Name

Job Title/Department Organisation

Address

Telephone No (s). Fax

Email Address:

Special Dietary Needs

Mr/Mrs/Ms. First Name Last Name

Job Title/Department Organisation

Address

Telephone No (s). Fax

Email Address:

Special Dietary Needs

METHOD OF PAYMENT

Cash Cheque Credit Card Wire Transfer Bankers Draft

CREDIT CARD DETAILS

Credit Card Number

Visa Mastercard

Card Holder

Expiry Date

Authorised Signature

CHEQUES MUST BE MADE PAYABLE TO CARILEC

BANKING DETAILS

Account No. 1129402
First Caribbean International Bank Ltd
Bridge Street, Castries, ST. LUCIA
Swift Code: FCIBLCLC

CORRESPONDING DETAILS

Wachovia Bank
Swift: PNBPU3NNYC

Authorized Signature:

Date:

Tel No.

Email Address:

****IMPORTANT TO KNOW****

- *Any cancellation within one week of the course will result in a cancellation penalty fee of 50% of the course fee and 100% within 24 hours.*
- *A US\$25.00 Late Registration Fee will be applied for registration forms received after the closing date of registration*
- *Registrants who do not attend the event will be liable for payment of 100% of the invoiced amount.*
- *Payment of fees is due at the time of registration*
- *An additional cost of US\$20.00 will be charged for payments made onsite.*
- *Copies of bank notices for wire transfers must be faxed to CARILEC upon completion of transaction with bank*