



Ground Floor, Chamber Building
Columbus Circle, Westmoorings,
P.O. Box 499, Port of Spain, Trinidad and Tobago, W.I.
Phone: (868) 637-2642 / 637-6966 Ext 1250 Fax: (868) 633-7897 / 637-7421
E-MAIL: drc@chamber.org.tt

REGISTRATION FORM

Managing Workplace Conflict

Thursday 27th July, 2017

8:00 a.m. – 4:00 p.m.

Course Fee: \$1,125.00.00 VAT Inclusive

Please complete in block letters:

Name(s): (BLOCK LETTERS)

Job Title:

1.		
2.		
3.		
4.		

Name of Organisation: _____

Address: _____

Contact Person: _____ E-mail: _____

(Cell/Work/Home)

Telephone No.: _____ Ext.: _____ Fax No: _____

Emergency Contact Name: _____ Emergency Contact No.: _____

Meal Preference

(a) Chicken (b) Fish (c) Vegetarian (Strict) (d) Vegetarian (With Fish)

I am allergic to: _____

Cancellation Policy:

- i. Registration is only confirmed upon receipt of this form by The Dispute Resolution Centre accompanied with the appropriate payment before 21st July, 2017.
- ii. Payment will be refunded if written notice of cancellation is received by 21st July, 2017.
- iii. By signing this registration form, registrants acknowledge that payments are **NOT** refundable if cancellation is made after the 21st July, 2017 deadline.
- iv. In cases where registrants neither cancel nor attend this function, please note that there is **NO** entitlement to a refund under these circumstances.
- v. Payments can be made via Cash, LINX, Credit Card or Cheques which should be made payable to:

Trinidad and Tobago Chamber of Industry and Commerce

Please call to verify receipt of Registration forms

Ensure registration form is completed below by authorized signatory:

Authorized Signatory only:

Date:

Company Stamp:

.....

