



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

PROGRAMME INFORMATION	TITLE OF PROGRAMME: _____ COST: _____	
	PROGRAMME START DATE: _____/_____/_____ DD MM YYYY	
	PROGRAMME END: _____/_____/_____ DD MM YYYY	
PERSONAL INFORMATION	SURNAME: _____ FIRST NAME: _____	
	MAILING ADDRESS: _____	
	E-MAIL ADDRESS: _____	
	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE JOB POSITION/ TITLE: _____	
	DATE OF BIRTH: _____/_____/_____ DD MM YYYY	
TELEPHONE NUMBERS	WORK: _____ EXT.: _____ HOME: _____	
	MOBILE: _____ FACSIMILE: _____	
COMPANY INFORMATION	COMPANY NAME: _____	
	MAILING ADDRESS: _____	
	CONTACT PERSON: _____	
	PLEASE INCLUDE COMPANY STAMP (IF COMPANY IS PAYING)	
PERSONAL CONSIDERATIONS	<input type="checkbox"/> DIETARY (Please indicate if vegetarian): _____	
	<input type="checkbox"/> PHYSICAL: _____	
	<input type="checkbox"/> OTHER (ALLERGIES): _____	
FINANCIAL INFORMATION	Please indicate how payment will be made for this programme (The person/company indicated must sign in the space below.)	
	<input type="checkbox"/> INVOICE REQUIRED <input type="checkbox"/> PAYMENT ENCLOSED	
	NAME	SIGNATURE
	<input type="checkbox"/> EMPLOYER: _____	_____
	<input type="checkbox"/> SELF: _____	_____
	<input type="checkbox"/> OTHER (Specify): _____	_____
OFFICIAL USE ONLY	<input type="checkbox"/> GROUP DISCOUNT	
	AMOUNT: _____	DATE: _____/_____/_____ DD MM YYYY
	RECEIPT NO.: _____	UWI-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: _____	Applicant's Signature: _____
	DD MM YYYY	

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

•Telephone no.: (868) 225-1299 Extension: 2109 • Facsimile No.: (868) 623-7338 • E-mail: marketing@roytec.edu



Your Path to Career Success...