

REGISTRATION DETAILS

NAME: _____

GENDER: MALE FEMALE

ORGANISATION: _____

COUNTRY: _____

CONTACT NO. : PHONE _____ FAX _____

EMAIL: _____

TRAVEL INFORMATION ARRIVAL

AIRLINE: _____

DATE: _____ TIME: _____

WILL YOUR SPOUSE/PARTNER BE ATTENDING? (Extra US\$200 for Partner) YES NO

DO YOU HAVE ANY SPECIAL DIETRY NEEDS? YES NO

IF YES, PLEASE STATE: _____

SPECIAL MEDICAL NEEDS? YES NO

IF YES, PLEASE STATE: _____

PLEASE STATE NO. OF PERSONS ATTENDING TOURS:

PORT ROYAL _____ BOB MARLEY MUSEUM _____
DUNNS RIVER/DOLPHIN COVE _____

POLO SHIRT SIZE: SML MED LG XLG

ACCOMODATION DETAILS: Deposit required: 1 night

THE KNUTSFORD COURT HOTEL **USD/NIGHT**

SINGLE (with full Breakfast) \$ 94.00

DOUBLE (with full Breakfast) \$104.00

(For triple or quad occupancy add US\$5.00/person/night to the double room rate plus add 10% Government tax & 10% service charge)

To register: the registration fee is US\$325.00 and this is applicable to all delegates. This covers Conference Kit and access to all Events.

The Daily rate is US\$160.00 and this is limited to Lunch, Snack and access to Business Sessions.

The Registration deadline is OCTOBER 7TH, 2011.

Fax this form to:
Attention: Mrs. Annette Robotham
General Manager
Tel: 876-929-3340, 929-6159
Fax: 876-929-6117

Further enquiries can be obtained From:
Annette Robotham – 876-929-3340
E-mail: arobotham@cipsonline.edu.jm

SPECIAL FEATURE

1. First 5 persons to register (with Payment will receive gift packages).
2. First 5 delegates arriving in Jamaica will receive gift packages
3. Delegation Discount – 5% discount to any country registering more than 5 persons.

Transportation: Buses will be available from the airport to the hotel at a cost of US\$20.00 per person.
 YES NO

Please indicate in the box above whether you will require this service.



REGISTRATION DETAILS

PAYMENT DETAILS:

CREDIT CARD:-

Charge to: **Master Card** **Visa Card**

Account No.: _____ Expiry Date: _____

Credit Card Statement Mailing Address: _____

Name on Credit Card: _____

Signature: _____

**BANK DRAFT - Please make payable to: Insurance Institute of Jamaica (Conference Account)
(Mailing Address c/o Mrs. Annette Robotham - College of Insurance & Professional Studies,
3a Richmond Avenue, Kingston 10, Jamaica).**

PAYMENT SUMMARY	
Registration Fees: Number of Persons _____	x US\$325 = US\$ _____
Partner Registration:	_____
One-Way Transportation:	_____
1 st Night Hotel Deposit:	_____
Grand Total: US\$	_____
Method of Payment:	_____
Date of Payment:	_____

FOR USE BY SECRETARIAT	
Date Registration Form Received:	_____
Date Registration Completed:	_____
Date Payment Processed:	_____
Date Confirmation Letter Sent:	_____
Date Accommodation Booked:	_____