



**OPEN ENROLMENT PROGRAMMES
REGISTRATION FORM**

Please specify the workshop for which you are registering:

GENERAL INFORMATION:

Name:

Last (Family)

First

Prefix (Mr., Mrs, Dr., etc.)

Gender:

Male

Female

Date of Birth: _____

Title or Position: _____

Company Name: _____

Business Address: _____

Street

City/State/Parish

Country

Business Telephone: _____

Fax: _____

Email: _____

How did you hear about us?

- Newspaper Radio Website Facebook Word of Mouth

- CHSB Quarterly Schedule Other (specify) _____

Kindly confirm whether you are:

Faculty (UWI)

Faculty (Other)

Facilitator

Non-Teaching Staff

Students

EMERGENCY CONTACT INFORMATION:

Home Telephone:

Mobile:

Home Address: _____

(Non-Resident Participants only)

Address where you are staying:

Street

City/State/Parish

1. Your dietary preference:

Pure Vegetarian

Chicken and Fish Only

All Meats

2. Are you a diabetic?

Yes

No

3. Any known food allergies:

PARTICIPANT PROFILE:

Educational History:

Professional Qualifications:

Have you attended a similar training programme before? YES NO

If yes, please indicate when and where you attended your most recent training programme.

How do you plan to use the knowledge gained from completing this training programme?

What are your expectations of this training programme?

CANCELLATION POLICY:

To complete your registration for the workshop, you will need to ensure that your fees are paid prior to the workshop. Cancellations or deferrals must be submitted in writing at least two weeks before the date of the workshop to receive a refund. Cancellations or deferrals submitted after the start of the programme are subject to full payment.

SIGNATURE: _____ DATE: _____

PLEASE RETURN/FAX TO:

The Small Business Association
#1 Pelican Industrial Park
St Michael
Tel (246) 228-0162
Fax (246) 228-0613