THREE EASY WAYS TO REGISTER

1. E-MAIL:
Complete and return your registration form by e-mail to:
serephena.emanuel@uwimona.edu.jm

2. FAX: (876) 977-4622: 702-3939
Complete the form and fax.

3. DELIVER:
Registration Form to:
Attn: Mrs Serephena Emanuel
Mona School of Business & Management
The Allister McIntyre Complex
The University of the West Indies,
Mona, Kingston 7

FEES COVER COURSE MATERIAL, COFFEE BREAK AND LUNCH, WHERE APPLICABLE.

DEADLINES
• All registration forms must be completed and returned no later than 10 working days prior to the start of the course and accompanied by either Credit or Debit Card, Cheque or Purchase Order information/payment.

• A non-refundable fee of $500.00 is required on Registration.

• Late registration will attract a $550 fee.

Payment is required to confirm registration.

DISCOUNTS
Five (5) percent discount to:
• UWI staff and current students.
• MSBM (former MSB & DOMS) Alumni
• Companies with 5 or more persons registered for the same course.

Discounts are not applicable to late registrations.

PLEASE REGISTER ME FOR THE FOLLOWING COURSE (S)

<table>
<thead>
<tr>
<th>COURSE NAME</th>
<th>DATE(S)</th>
<th>COST (J$) PER PERSON</th>
</tr>
</thead>
</table>

REGISTRATION FEE (NON-REFUNDABLE) $500.00

Total Amount Due $________

CANCELLATION POLICY
1. Mona School of Business & Management will charge a processing fee of 30% of the course fee per person for all cancellation notices received five working days prior to the start of the course.
2. There will be NO REFUND for cancellation notices received four working days prior to the start of the course.
3. There will be NO REFUND of the course Registration fee of $500.
4. Mona School of Business and Management reserves the right to withdraw and cancel any course and will refund 100% of fees paid.

PAYMENT INFORMATION
☐ Company or Certified Cheque
☐ Purchase Order Number: _______________
☐ Credit/Debit Card
☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Other

(A copy of the Purchase Order must be attached to the registration form.)

Last Name: __________________________ First Name: __________________________
Job Title: __________________________
Business Name: __________________________
Business Address: __________________________
Business Phone #: __________________________
Home Phone #: __________________________
Mobile Phone #: __________________________
Fax #: __________________________
E-mail (1): __________________________
E-mail (2): __________________________
Education level: __________________________
Profession/Field of Expertise: __________________________

Where meals are provided kindly indicate any special dietary requirement. __________________________
MSBM reserves the right to change any information on this registration form, without notice.