

**EXECUTIVE EDUCATION Courses
REGISTRATION FORM**

For information, contact **Serephena Emanuel** Telephone: **977-6976/ 977-7174/ 977-6035/977-2666-7**

**THREE EASY WAYS
TO REGISTER**

1. E-MAIL:

Complete and return your registration form by e-mail to:
serephena.emmanuel@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
Block H
The Alister McIntyre Complex
The University of the West Indies,
Mona, Kingston 7

**FEES COVER COURSE MATERIAL,
AND COFFEE BREAK, 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, Manager's Cheque or Purchase Order information/payment.
- A **non-refundable** fee of \$1000.00 is required on Registration.
- Late registration will attract an additional \$500 fee.

Payment is required to finalize 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)

COURSE NAME	DATE(S)	COST (J\$) PER PERSON
REGISTRATION FEE (NON-REFUNDABLE)		\$1,000.00
Total Amount Due		\$ _____

CANCELLATION POLICY

- 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.
- There will be **NO REFUND** of the course Registration fee of \$1000.
- 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 (payable to **Mona School of Business & Management**)

Cheque Number: _____ Purchase Order Number: _____
(A copy of the Purchase Order must be attached to the registration form.)

Credit/Debit Card

(Print Clearly)

Last Name: _____ First Name: _____
 Miss Ms
 Mrs Mr
 Other

Job Title: _____

Business Name: _____

Business Address: _____

Business Phone #: _____ Home Phone #: _____ Mobile Phone #: _____

Fax #: _____ E-mail (1): _____

E-mail (2): _____

Education level: Doctorate Masters Bachelors Associate Other

Profession/Field of Expertise: _____

If meals will be provided kindly, indicate any special dietary requirement. _____