

REGISTRATION FORM

2018-2019

Professional Services Unit

Please complete a form for each course and submit by email, fax or deliver to our offices.

For further information, contact **Professional Services Unit**, (876) 977-6035 / 977-7174 / 977-6976

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▶ **Ingrid Bennett – Ext. 239** email: - ingrid.bennett02@uwimona.edu.jm

COURSE NAME:		CAMPUS <input type="checkbox"/> MONA <input type="checkbox"/> WJC
COURSE DATE(S)		

PARTICIPANT INFORMATION

First Name:	Last Name:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (State)	Company Name:
Job Title:	Company Address:		Company Tel. #:
Home Address:		Mobile #:	Email:
Education Level: <input type="checkbox"/> Doctorate <input type="checkbox"/> Masters <input type="checkbox"/> Bachelors <input type="checkbox"/> Associate <input type="checkbox"/> Other			
Profession/ Field of Expertise:			
In case of Emergency -Next of Kin Name:			
Mobile #:			

If meals are provided, please indicate if you require : Vegan or Fish **ONLY**

If you are COMPANY SPONSORED, please complete the information below

COMPANY/ SPONSOR's INFORMATION			
Company Name:		Address:	
Office Tel.#:	Print Authorized Contact Name:	Authorized Signature	Company Stamp/Seal:
Authorized Email:			
Please attach Company Commitment Letter or Purchase Order (PO) with completed application form			

COURSE FEES (TO BE COMPLETED BY PSU)

Description	Amount J\$	Description	Cohort #
COURSE FEE		Course fees cover course material, and coffee break, and where applicable, lunch	
5% DISCOUNT		UWI staff & students/UWI & MSBM Alumni UWI-ID # Programme completed:	
SPECIAL DISCOUNT %		Authorized Signature- Director PSU	
TOTAL DUE			

ACCOUNTS DEPARTMENT ONLY

PAYMENT METHOD Cheque Credit/Debit Card Commitment Letter/ Purchase Order
 Credit Payment Plan (**ONLY for Project Management**) must complete **Credit Payment Plan Form**

Amount paid: J\$..... Balance owing: J\$..... Receipt #.....

Signature of Account's Officer..... Date.....

REGISTRATION POLICY: (Please read carefully)

- Registration is complete when you agree to the Registration Policy and payment is made prior to the start of the course.
- 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 a NCB/MSBM payment voucher, MSBM receipt or a Company Commitment Letter or Purchase Order.
- CASH OR PERSONAL CHEQUES ARE NOT ACCEPTED** at the MSBM Accounts department, they must be paid at NCB. If you are paying by **CASH**, you can pay at any NCB branch. Payment vouchers are available at the MSBM Reception, Building A or Building H. Please provide the MSBM Accounts Department with a copy of your payment voucher in order to update our records immediately.
- If you are paying by **CREDIT/DEBIT CARD/MANAGER'S CHEQUE**, payment can be made at the MSBM Accounts Department, Building A.
- MSBM/PSU reserves the right to re-schedule or cancel a course due to under-quota; or close a course due to over-enrolment. You will be advised as soon as possible and given the opportunity to re-schedule.
- Only the Principles & Practices of Project Management Course can accommodate a Credit Payment Plan.

Cancellation, Withdrawal and Refund

- MSBM/PSU reserves the right to cancel any course and will refund 100% of fees paid.
- Participants who cancel their attendance in a course five **(5) business days or more** before the start of the course will be refunded 95% of the fee.
- MSBM will charge a processing fee of 30% of the course fee per person for all cancellations received less than 5 business days prior to the start of the course.
- No refund will be given once the person has attended the first class.
- All cancellations must be in writing.
- Registration is transferable where the registered person is unable to attend, and makes the request in writing.
- In all refund cases above, payment will be refunded once a written request is submitted.
- By signing this form you agree that you have read and understood MSBM's Registration, Cancellation, Withdrawal and Refund Policy.

I agree to the terms and conditions of this Policy.

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Signature of Applicant Date Signature of Receiving Officer Date