caribbean shipping association

REGISTRATION FORM

NAME OF EVENT _____

COUNTRY WHERE EVENT WILL BE PRESENTED _____ DATE OF EVENT: _____ (YYYY) _____ (MM) _____ (DD)

METHOD OF PAYMENT Cheque: ☐ AmEx: ☐ MasterCard: ☐ VISA: ☐

Make cheques payable to: CARIBBEAN SHIPPING ASSOCIATION

PARTICIPANT`S NAME _____ (FAMILY NAME) _____ (GIVEN NAME)

GENDER: MALE ☐ FEMALE ☐

COMPANY AFFILIATION: _____

COMPANY ADDRESS: _____

_____

_____

COMPANY TELEPHONE: _____ CORPORATE WEBSITE: _____

JOB TITLE: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ (YYYY) _____ (MM) _____ (DD) NEXT OF KIN: _____

Signature: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ TELEPHONE NEXT OF KIN: _____

Please complete and return to
CARIBBEAN SHIPPING ASSOCIATION
4 Fourth Avenue, Newport West
Kingston, JAMAICA W.I.
csa@cwjamaica.com

Note: SATT Members can submit their Application to: admin3@shipping.co.tt