T&T BUSINESS ETIQUETTE & PROTOCOL SPECIALISTS LIMITED
Level M, Shop 4, Parkade
Richmond Street
Port-of-Spain
Tel No: 219 8470, 743 0939
Email: businessetiquettespecialist@gmail.com
www.ttbepsevents.com

REGISTRATION FORM
EVENTS MANAGEMENT LEVEL 3

Please complete in BLOCK LETTERS

PERSONAL DETAILS

First Name: _____ Date of Birth: _____

Surname: _____ Gender: M F

Nationality: _____

Identification Number: _____

Birth certificate Number: _____

Marital Status: Single Married Divorced Other

Address: _____

_____

Contact Nos.: _____

Email Address: _____

Medical Condition/Allergies: _____

Emergency Contact:

Name	Contact Nos.

EMPLOYMENT

Organization: _____ Job title: _____

Address: _____

Contact No.: _____

Email Address: _____

QUALIFICATIONS (OPTIONAL)

Certificate	Institution	Date Completed

EXPERIENCE (OPTIONAL)

Event	Details

SPONSOR/EMPLOYER (If applicable)
Name of Sponsor/Employer: _____

Address: _____

Contact No.: _____

Email Address: _____

Declaration:

I _____hereby agree to sponsor _____

and pay all the fees required for the programme.

_____

Signature of Sponsor

PAYMENT OPTIONS:

- Bank Transfer

Payment to via two options:
UTC's Account No. 5227239-2:
OR
JMMB Bank (T&T) Limited Account Number: 007600008857

Instructions - Please note that a photo of the payment receipt must be submitted to businessettiquettespecialist@gmail.com or Whatsapp (868) 219-8470 or (868) 743-0939

- Cash:

TTBEPSL Head Office
Level M, Parkade,
Richmond Street,
Port of Spain, Trinidad and Tobago
Part-time payment: $1000.00

REFUND POLICY:

Participants who cancel their registration will not receive a refund on registration, however, when notice is given at least 1 week prior to the start date of the course, a 90% refund on fees will be given.

Declaration:

I _____ hereby certify that all statements on this Registration form are true and correct and I agree to the terms and conditions therein.

Student Signature: _____ Date: _____

TERMS AND CONDITIONS:

Please write student's name as stated in his/her ID/Passport

Please fill in the form completely and provide a picture to attach on the front of the form. If a question is not applicable to you, please write N/A.

FOR OFFICIAL USE ONLY

Received by: _____ Date received: _____

Type of Payment: _____

Amount received and processed: _____

_____

Signature Date