REGISTRATION FORM           Workshop: Introduction to the TT OSH Act           Facilitator : Mr. Anthony Rocheford, Adv Dip/MSc. BSc. CFIOSH, MASSE, FIIRSM, OSHCR Wednesday July 22 <sup>nd</sup> , 2015 from 8:30 – 4:00 pm           Energy Chamber Learning Centre, Atlantic Plaza, Point Lisas					
Company:					
Address 1:					
Address 2:					
Telephone:		Fax :		E-mail:	
COST: Member TT\$18 Name of Attendees: Name (Please PRINT as you would like certificate) 1.	·		uture-member T	Γ\$2000 plus VAT:⊡ E-mail address	
2. 3.					
Any Special Dietary Requi Authorising Signatory: COMPANY STAMP: DATE:	rements:				
PAYMENT OPTIONS:	Cheque	Cash	Credit Card		
<ul> <li>CONDITIONS OF REGISTRAT</li> <li>Persons will be registered a</li> <li>Registration is confirmed a MEMBERS – Upon receipt</li> <li>Cancellations must be mad payable and payments nor</li> </ul>	on a "first come, fi s follows: NON M of completed regi le in writing and re	EMBERS-Upo stration form eceived, <b>no la</b>	on receipt of payme and purchase orde <b>ter than July 15<sup>th</sup></b>	r. 2015. Invoices are considered	



## **CREDIT CARD PAYMENT FORM**

Workshop: Introduction to the TT OSH Act Facilitator: Mr. Anthony Rocheford, Adv Dip/MSc. BSc. CFIOSH, MASSE, FIIRSM, OSHCR Wednesday July 22 <sup>nd</sup> , 2015 from 8:30 – 4:00 pm Energy Chamber Learning Centre, Atlantic Plaza, Point Lisas
Lifergy Chamber Learning Centre, Atlantic Flaza, Foint Lisas
COST: Member TT \$1800 plus VAT  Future-member TT \$2000 plus VAT:
Total Payment TT\$:
CARDHOLDER'S NAME:
COMPANY:
ADDRESS:
CARD NUMBER:
EXPIRY DATE: Month Year
Cardholder's Signature

Date:

Form completed by: