



**Caribbean Information &
Credit Rating Services Limited**

IFRS 17 Insurance Contracts Registration Form

Date: October 8th & 9th 2019
Time: 8:30 am to 4:30 pm
Venue: Radisson Hotel, Port of Spain, Trinidad
Registration Deadline: October 1st 2019
Cost: USD1,500 + VAT per participant

Group discounts of 10% for 3 or more persons. Cost includes all course material, lunch and other refreshments.

Sponsoring Organization

No. of Participants: _____
Company/Organization: _____
Address: _____
Authorizing Official: _____ **Job Title:** _____
Email: _____ **Phone:** _____ **Fax:** _____

Payment Details:

Total: USD\$ _____ (By Cheque or Wire Transfer as per information below)

Participants' Details: - (PLEASE STATE VEGETARIAN OR NON-VEGETARIAN)

1. Name: _____	Job Title: _____	Contact No/Email: _____
2. Name: _____	Job Title: _____	Contact No/Email: _____
3. Name: _____	Job Title: _____	Contact No/Email: _____
4. Name: _____	Job Title: _____	Contact No/Email: _____
5. Name: _____	Job Title: _____	Contact No/Email: _____

For further details please contact: **Ms. Nicole Budd**
Caribbean Information and Credit Rating Services Limited
(868) 627-8879 ext. 222 or nbudd@caricris.com

Wire Transfer Information: **FW 026009593**
BANK OF AMERICA
100 WEST 33RD STREET
NEW YORK, NEW YORK 10001
Account Number: 65503 52163 Swift Code: RBNKTPX
Beneficiary: REPUBLIC BANK LIMITED, PORT OF SPAIN, TRINIDAD
(For further credit to A/c: 000213044765)

Cancellation Policy: In the event of cancellation up to **3 days** prior to start of programme, CariCRIS reserves the right to forfeit 100% of the fee paid by the participant. If the participant cancels at least **2 weeks** before the programme schedule date, no cancellation fees will be charged. CariCRIS reserves the right to cancel the programme at any time, in which case all programme fees will be refunded.