



**TRINIDAD AND TOBAGO
HOSPITALITY & TOURISM INSTITUTE**

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Website: www.hospitalitytnt.com **E-mail:** marketing@tourismcareerstnt.com

REGISTRATION FORM EVENTS MASTER CLASS

PRESENTER: Dr. Joe Goldblatt, CSEP
DATE: August 4 and 5, 2009
TIME: 8.30AM – 5.00 PM
VENUE: Hyatt Regency Hotel, Wrightson Road
COST: TT\$ 4500.

NAME _____
SURNAME: _____ FIRST NAME _____ TITLE _____

INSTITUTION _____

ADDRESS _____

TELEPHONE NO. _____ FAX _____ E-mail: _____

Payment Method (Tick As Appropriate) & Enter Amount

Cheque _____ Cash _____ Linx _____

Charge to MC/Visa/Other: No. _____ Exp. Date _____

(Official use only) Receipt No. _____ Date _____ Cheque No. _____

Make cheque payable to Trinidad and Tobago Hospitality and Tourism Institute. Only Managers Cheques or bank drafts will be accepted.

Payment can also be made to the Institute bank account, a/c #930-119-502-1 and the receipt sent or presented on the first day of the workshop. Please ensure that your name is clearly printed on the receipt.

Cancellations notified in writing at least ten full working days before the date of the course will be refunded. All cancellations should be notified in writing. Regrettably, because funds are allocated to the course in advance, it is not possible to refund fees for cancellations notified less than ten full working days before the start of the course; a colleague may, however, be substituted. This should also be notified in writing.

Signature _____ Date _____

For Further Information please contact:
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