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|  new logo **REGISTRATION FORM** |
| **EVENT: Annual General Meeting and Luncheon****DATE:** Thursday October 13th 2016**VENUE: Port-of-Spain Ballroom, Hyatt Regency, #1 Wrightson Road, Port-of-Spain****TIME:** 11:00 am – 12.00 noon – Annual General Meeting  12:00 noon – 2:00 pm – Luncheon and Feature Presentation Feature Speaker: Senior Energy Official or Economist to be announced |
|  **Company:** **Address 1:** **Address 2:** **Telephone:** **Fax :****e-mail:****Name of Representative:**

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| **Name** | **Position** | **AGM & LUNCHEON (tick)** | **AGM only****(tick)** |
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**AGM Luncheon – Financial Members: TT$ 675.00 (VAT inclusive) per person** **AGM Luncheon – Non-members: TT$ 900.00 (VAT inclusive) per person****Annual General Meeting only: For Energy Chamber members only – no registration fee****Any Special Dietary Requirements :** **Method of Payment: Cheque** **[ ]  Credit Card** **[ ]  Invoice my Company** (members only)**[ ]** **COMPLETED BY:­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****COMPANY STAMP:****CONDITIONS OF REGISTRATION:*** Persons will be registered on a “first come, first served” basis.
* Registration is confirmed as follows: NON MEMBERS-Upon receipt of payment and registration form. MEMBERS – Upon completion of completed registration form and subject to credit clearance.
* Cancellations must be made in writing and received, no later than 3 working days in advance of the event. Invoices are considered payable and payments non-refundable where cancellations are received after the deadline.

Kindly complete this form and return via e-mail to member-relations@energy.ttno later than noon on **Friday October 07th 2016.** |



**2016 Annual General Meeting and Luncheon**

**Port-of-Spain Ballroom, Hyatt Regency Trinidad,**

**#1 Wrightson Road, Port-of-Spain**

**CREDIT CARD PAYMENT FORM**

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|  | **Members****TT$690.00 per** **person** | **Non Members TT$920.00 per person** |
| **Number of Registrants**  |  |  |
| **TOTAL** |  |  |

**CREDIT CARD**:  **VISA** **[ ]  MASTER CARD** **[ ]**

**CARDHOLDER’S NAME:**

**COMPANY:**

**ADDRESS:**

**CARD NUMBER:**

**EXPIRY DATE:**

 **Month Year**

**Cardholder’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**Form completed by:**