



## REGISTRATION FORM

NAME OF EXHIBITOR: \_\_\_\_\_

Please **PRINT** the names of delegates, title and organization

1. \_\_\_\_\_
2. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signed: \_\_\_\_\_

**FULL PAYMENT MUST ACCOMPANY REGISTRATION FORM.**

All registration forms should be emailed or faxed to:

**Eritha Huntley Lewis,**  
**Email: [tourism.conference@uwimona.edu.jm](mailto:tourism.conference@uwimona.edu.jm),**  
**Fax: 876 977 3829**

If paying by **credit card**, complete the section below:

Amex                       Discover                       MC                       VISA

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_