



# MAY 7-8, 2019

## Registration Form

Please complete and email to [info@makeyourmarkconsultants.com](mailto:info@makeyourmarkconsultants.com) or fax to MYMC at (876)978 4418 or through our website at [www.makeyourmarkconsultants.com](http://www.makeyourmarkconsultants.com). Where applicable please check the appropriate box with an "x" to indicate your selection.

### Registrant Contact Information

Title: Mr.  Mrs.  Miss  Ms.  Dr.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

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

Mobile: \_\_\_\_\_

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

Email: \_\_\_\_\_

### Contact & Approval

*Please enter contact person's information*

Contact Person: Mr.  Mrs.  Miss  Ms.  Dr.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

Authorizing Person: Mr.  Mrs.  Miss  Ms.  Dr.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Company Stamp:

**Cancellation Policy**  
 Cancellation or replacement must be put in writing to MYMC at least 2 Days prior to start of the conference, failing which full payment will apply.  
 Thank you.

**FOR INTERNAL USE ONLY**

Paid: Cash  Cheque

Date Processed: \_\_\_\_\_

Date Received: \_\_\_\_\_

**Please contact: Make Your Mark Consultants**  
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