



ONE DAY POWER WORKSHOP

Managing The Sick & Injured Worker

Thursday August 22, 2019– Knutsford Court Hotel
16 Chelsea Avenue, Kingston 5

Please complete and fax to MYMC at 978 4418 or email to makeyourmark@cwjamaica.com or info@makeyourmarkconsultants.com Where applicable please check the appropriate box with an "x" to indicate your preference.

Registrant Contact Information

Form fields for Registrant Contact Information including Title, First Name, Last Name, Job Title, Department, Organization Name, Address, Telephone, Fax, and Email.

Contact & Approval

Please enter contact person's information

Form fields for Contact Person including Title, First Name, Last Name, Job Title, Telephone, Fax, and Email.

Form fields for Authorizing Person including Title, First Name, Last Name, Job Title, Telephone, Fax, and Email.

Authorizing Signature:

Company Stamp:

Cancellation Policy
Cancellation or replacement must be made in writing at least 2 days before the event or full payment is due

FOR INTERNAL USE ONLY

Internal use form fields including Paid (Cash/Cheque), Date Process, and Date Received.

