

REGISTRATION FORM

1. Family Name: _____ 2. First Name: _____
 3. Institution: _____
 4. Title: Mr [] Ms [] Dr [] Prof [] Other _____ 5. Job Title _____
 6. Department _____
 7. Mailing Address _____
 8. City State/Province/Parish _____ 9. Country _____ 10. Zip Code _____
 11. Telephone _____ (Work) _____ (Home) _____ (Mobile)
 12. Fax _____ 13. Email _____
 14. Title of Proposed Paper: _____

 15. A/V Requests: (i) LCD Projector [] (ii) Audio [] Video [] _____(media) (iv) Laptop [] (v) Other _____

16. Please tick the category under which you are registering

Category		Fees			
1	Caribbean Region	US \$175			
2	Non-Caribbean Region	US \$300			
3	Students (valid ID required)	US \$100			
4	One-Day Observer Pass (Caribbean)	US \$50	Jul 15 []	July 16 []	July 17 []
5	One-Day Observer Pass (Non-Caribbean)	US \$75	Jul 15 []	July 16 []	July 17 []

Conference Dinner , July 16, 2010 - US \$60 per person
 I will [] will not be [] attending the Conference Dinner. Please reserve _____ ticket(s).

Please indicate any special dietary needs _____

17. Payment enclosed Payment mailed separately Cash on-site
Payment can be made by bank cheque, postal order or international money order. Payment will be accepted in BDS\$, US\$, British Pounds. Please make cheques payable to The University of the West Indies.

18. Travel Arrangements: *Arrival:* _____ *Departure:* _____ *Accommodation:* _____

19. Signature Date: _____

Return completed form to SRE Conference, Faculty of Humanities and Education, The University of the West Indies, Cave Hill Campus, Barbados OR Fax to 246-424-0634 OR Email alison.johnson@cavehill.uwi.edu.

OFFICE USE ONLY

Full Amount Received Conference [] Dinner [] Receipt No _____ Officer