



REGISTRATION FORM

1. Family Name: _____ 2. Other Names: _____

3. Institution: _____

4. Title: Mr [] Ms [] Dr [] Prof [] Other _____ 5. Are you a Registered Student? Yes No

6. Department _____ 7. Job Title _____

7. Mailing Address _____

8. City State/Province/Parish _____

9. Country _____ 10. Zip/Postal Code _____

11. Telephone _____ (Work) _____ (Home)) _____ (Cell)

12. Fax _____ 13. Email _____

14. I am attending as: A Participant An Observer

15. Title of Proposed Paper: _____

16. A/V Requests _____

17. Please tick the category under which you are registering

Category	Early Bird (postmarked on or before April 30)	T	After April 30	T
Members of U. W. I and affiliates	US \$175.00		US \$200	
Overseas Participants	US \$275.00		US \$300	
Students (with proof of status)	US \$75.00		US \$100	
Observers	US \$75.00		US \$100	

18. Payment enclosed Payment mailed separately Cash on-site

19. Travel Arrangements: Arrival: _____ Departure: _____ Accommodation booked at: _____

20. Signature Date: _____

Return completed form to The School of Education, The University of the West Indies, Cave Hill Campus, P.O. Box 64 Bridgetown BB11000, BARBADOS OR Fax to (246) 417-9615 OR Email to arthur.richardson@cavehill.uwi.edu. Please make cheques payable to **The University of the West Indies**.