

“MARINE AND HOSPITALITY INSTITUTE”

MEETING

(PLEASE TYPE OR USE BLOCK CAPITALS)

REGISTRATION FORM

NAME:

TITLE:

ORGANIZATION:

Participant's Cell #..... Participant's E-Mail.....

Date of Meeting

December, 2009

Time of Workshop

9 a.m. – 12 noon

Venue

Bay Gardens Inn

Facilitator

Ministry of Tourism & Civil Aviation

Please return this completed form by email to:

slhta@candw.lc or by Fax: 452 7967
before Thursday 10th December, 2009