

“Driving Initiatives Through Innovation”

REGISTRATION FORM

DEADLINE DATE FOR RECEIPT OF ALL REGISTRATIONS: APRIL 15, 2020

SURNAME:		FIRST NAME:	
TITLE: (Please tick) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> OTHER			
ORGANISATION/INSTITUTION:			
MAILING ADDRESS:			
PHONE:		FAX:	
EMAIL:			

Please note that all confirmation and correspondence will be sent electronically (PLEASE PRINT)
 Organisations sponsoring more than one person must complete individual forms for each attendee.

REGISTRATION FEES:	2020 SPECIAL ENDS MARCH 6TH	EARLY BIRD MARCH 7TH - 31ST	REGULAR RATE APRIL 1ST - 15TH	TOTAL
BAOP MEMBERS				
Full Conference Registration	BD\$450.00	BD\$550.00	BD\$600.00	
One Day Conference (April 21 st)	-	-	BD\$300.00	
One Day Conference (April 22 nd)	-	-	BD\$300.00	
NON-MEMBERS				
Full Conference Registration	BD\$600.00	BD\$650.00	BD\$700.00	
One Day Conference (April 21 st)	350	n/a	BD\$400.00	
One Day Conference (April 22 nd)	350	n/a	BD\$400.00	
Full conference includes: Opening Ceremony, full conference, coffee breaks, lunch, all conference materials and conference booklet				

PLEASE SPECIFY ANY SPECIAL NEEDS

Do you have special physical/mobility challenges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify _____		

Payment Information: Payment for specials rates must be made by the deadline date stipulated for the specials. All monies must be paid prior to the Conference. No registrations will be accepted via telephone.

Refund policy: The BAOP's Secretariat should be notified of cancellations in writing. If the BAOP receives cancellations before April 10, 2020, the total conference fee will be refunded, less 25% administration costs. After April 10, 2020 no refunds will be made. Please note that refunds will only be made after the conference. "No-shows" are non-refundable and are liable for the full registration. If you cannot attend, you may send a substitute person. The original registrant must submit a written authorization for such a change.

Confirmation: Please allow up to 7 days for confirmation of your registration.

By sending in this registration form, I acknowledge that I commit myself to the full payment of the conference fee. I have taken notice of the cancellation terms on this form.

Date: _____/_____/_____

Signature: _____

To be completed by organisations whose main contact details differ from the attendee(s).

NAME OF MAIN CONTACT:	
PHONE:	
EMAIL:	

ATTENDEE INFORMATION:

Please return to: (By Hand) The Conference Coordinator, Barbados Association of Office Professionals (BAOP), BIDC Building 2, Suite 103C, Harbour Road, St. Michael, Barbados
(By Post) P.O. Box 622, Bridgetown, Barbados.
Telephone: (246) 435-2103 • **Fax:** 436-6035 • **Email:** baopconference@gmail.com

For Office Use Only

Date Rec'd _____ Amount Paid _____ Cash or Cheque # _____