



**Seventeenth ECSM Certification Programme**  
**24<sup>th</sup> October - 28<sup>th</sup> October 2016**

**REGISTRATION FORM**

Coordinator: Mrs Sheryl Evans  
 ECIB

Phone: 869 466 5566

Please print clearly when completing form.

Sir / Dr / Mr / Mrs / Ms / Miss

1. Participant Name: .....
2. Designation: .....
3. Institution: .....
4. Address: .....
5. Telephone: ..... Fax: .....
6. Email: .....

**SEMINAR REGISTRATION**

**Workshop - EC\$3,000.00 [ ] per participant**

**Examination – EC\$600.00 [ ] per participant**

Payment should be submitted via wire transfer to **St. Kitts Nevis Anguilla National Bank Limited Address: KNANKNSK** for credit to the account of **ECIB account number 24055**. Indicate payment is for the Seventeenth ECSM Certification Programme and include the respective participant's name. Deadline for payment is **10<sup>th</sup> October 2016**.

**Payment submitted [ ]**

**Payment pending [ ]**

**Authorizing Signature:** .....

**Date:** .....

**PLEASE SUBMIT FORMS TO FACSIMILE NUMBER 869 466 5701/869 466 7071**