



**Second Caribbean Regional Training on CABI's ISC Compendium  
As a tool for Managing IAS in the Caribbean  
12 - 14 September 2012  
Course Registration Form**

*This form cannot be modified and should be filled in by the designated participant*

Return the two-page form to no later than **August 20 2012** – using the following fax number or email only:

Fax number: +1 868 663 2859 or Email: [N.Ramnanan@cabi.org](mailto:N.Ramnanan@cabi.org)

Mr.                       Mrs.                       Ms                       Miss

First name(s): (as in passport) .....

Family name(s): (as in passport).....

Date of Birth:      Day: ..... Month: ..... Year: .....

Job title: .....

Department:.....

Organisation:.....

Address: .....

City/Town: .....

Country .....

Telephone - country code: +.....; tel. number: .....

Fax - country code: + .....; fax number: .....

E-mail address in CAPITAL LETTERS .....

Known Health Issues (including food allergies)  
.....  
.....

Please describe the nature of your current work regarding Invasive Species  
.....  
.....  
.....

Please identify for which species you are prepared to contribute information to the ISC in:  
.....  
.....  
.....

Application endorsed by:  
Position post: .....

Department: .....

Organisation:.....



**1. Travel, air-tickets, visas, transit visas, accommodation and subsistence allowances:**

**You will not be consulted for your travel itinerary. However, if there is any special travel itinerary to be examined before issuing and sending your air-ticket, please clearly submit your preferences. Use a third page and fax it with this form to CABI Trinidad and Tobago.**

In addition to airfare CABI will provide hotel accommodation and a maximum subsistence of 50US per night to cover dinner and incidental expenses. **Other administrative and logistical arrangements will be communicated to you directly, by fax or e-mail.**

**2. CABI or the European Union does not assume financial or any other responsibility for:**

- 2.1. Expenses incurred in connection with foreign travel formalities (visas, transit visas, travel to get visas, taxes, medical examinations, vaccinations, etc.).
- 2.2. Salaries of the participants during their stay at the meeting.
- 2.3. Travel or other expenses of any additional persons accompanying the participants.
- 2.4. Travel or accident insurance, medical treatment or hospitalisation during travel or attendance at the meeting.
- 2.5. Loss or damage to the personal effects of the participants during travel or attendance at the meeting.
- 2.6. Any modification made by you regarding the hotel booking and the related logistical arrangements.
- 2.7. Any personal service or facility you may request during your stay in the hotel where you are accommodated by the workshop organisers such as business centre, internet connections, room service, laundry, mini-bar or any kind of ground transport.
- 2.8. Any modification made **BY THE AIRLINE OR BY YOU** in connection with the itinerary or the air-tickets issued by the CABI Trinidad and Tobago Office. Any additional fees, charges and/or penalties for the air-ticket modifications **WILL BE COVERED BY YOU AND NOT BY CABI.**

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**INCOMPLETE REGISTRATION FORMS OR FORMS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED**

I, the undersigned designated Official, certify that I carefully read this registration form and I accept the aforementioned conditions.

Family name and signature of the nominee: .....  
and official stamp from your Institution/Agency.

**PLEASE RETURN THESE TWO PAGES TO CABI TRINIDAD AND TOBAGO AS OUTLINED ABOVE**

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