



# CONFERENCE ON SUSTAINABLE TOURISM DEVELOPMENT 2024

April 22-24, 2024 | Grenada

## LOCAL STUDENT REGISTRATION FORM

Writable Document: Please complete, save and email to shall@puregrenada.com and msealy@caribtourism.com

**Each delegate is required to complete a registration form and to submit it with the registration fee for processing. Full registration fee** covers all conference activities/sessions, programmed meals, social events and a conference kit. **One day registration fee** covers all activities on the programme applicable for the day. For regular updates, visit: [www.CaribbeanSTC.com](http://www.CaribbeanSTC.com). **All students must provide a copy of student I.D.** with registration form. Go to <https://cto.wetransfer.com> to send a scan of your student ID.

### PERSONAL INFORMATION

Check one:  Ms.  Mrs.  Mr.  Dr.

First Name:..... Surname: .....

School/College/University.....

Title: .....

City:..... State: .....

Country: .....

**REGISTRATION:** Registration opens onsite from Sunday, 21 April 2024 (2:00pm—6:00pm) and Monday, 22 April 2024 (7:00am). Please indicate registration category.

**Full Registration**—EC\$200.00 ..... \$.....

**One Day Registration** - EC\$100.00 ..... \$.....

Monday, April 22 **OR**  Tuesday, April 23

**Total amount enclosed:** \$.....

### PAYMENT INFORMATION:

**Full payment must accompany registration.** Payment can be made in EC dollars by cash or cheque to the **Grenada Tourism Authority** (*Please contact the accounts department at 440-2001 Ext. 225/226 or email [accounts@puregrenada.com](mailto:accounts@puregrenada.com)*). **No personal cheques accepted.**

Payment can also be made by credit card, cash or bank draft in US Dollars and made payable to the **Caribbean Tourism Organization (CTO)**.

Enclosed is my bank draft, payable to the Caribbean Tourism Organization in the amount of US\$..... for payment in full.

Charge my:  AMEX  MC  VISA

Card Number: ..... Exp. Date (MM/YY): ..... Security Code (CVC): .....

Cardholder's name: ..... Signature: ..... Date: .....

**Please email me Wire Transfer details\* Confirm email:** .....

\*Wire transfer details will be sent to the email address above within two (2) business days of receipt of form. Registration will be processed upon receipt of payment.

### CANCELLATION POLICY:

**All cancellations MUST be in writing.** A minimum charge of US\$25.00 will apply to all cancellations. Cancellations between March 25 and April 12, 2024 will be subject to a cancellation fee of US\$50.00. There will be no **refund for cancellations received after April 12 and no refunds for no-shows.**

### DECLARATION:

By completing and returning this form, I declare that I am authorized to do so and agree to the terms of registration:

Name: ..... Signature: ..... Date: .....

### COMPLETE, SAVE AND RETURN FORM WITH PAYMENT IN FULL TO:

**Grenada Tourism Authority**, St. George's, Grenada  
Tel: 440-2001; Email: [shall@puregrenada.com](mailto:shall@puregrenada.com) & [msealy@caribtourism.com](mailto:msealy@caribtourism.com)