

REGISTRATION FORM

Instructions: PLEASE USE BLOCK CAPITALS AND COMPLETE IN BLACK/BLUE INK ONLY
Completed forms can be faxed to (246) 435-3022 or sent via post or email to the address above.
Please note that your registration will NOT be completed until proof of payment is received.

Individual delegates please go to Section A
Delegations/Groups please go directly to Section B

SECTION A – INDIVIDUAL DELEGATES

Personal Information

Title (Please Underline): Mr/Miss/Ms/Dr/Prof/Other _____

Full Name: _____

Organisation/Affiliation: _____

Position: _____

Preferred Mailing Address:

Telephone: () _____

Fax: () _____

Email: _____

Special Requirements (dietary/access):

Please list any allergies:

Emergency Contact

Full Name: _____

Telephone: () _____

Email: _____

SECTION B – DELEGATIONS/GROUPS

Please note: Performing groups must be complete and return the attached technical rider.

Name of Organisation/Affiliation/Group _____

No. in delegation/group: _____

Address: _____

Contact Person: _____

Position: _____

Preferred Mailing Address:

Telephone: () _____

Fax: () _____

Email: _____

Please state the names of persons who have special access requirements and/or allergies:

Name	Access Requirements/Allergies
_____	_____
_____	_____
_____	_____

SECTION C – TRAVEL ITINERARY (overseas delegates only)

Date of Arrival: _____

Date of Departure: _____

No. Arriving: _____

No. Departing: _____

Time of Arrival: _____

Time of Departure: _____

Flight Number: _____

Flight Number: _____

Date of Arrival: _____

Date of Departure: _____

No. Arriving: _____

No. Departing: _____

Time of Arrival: _____

Time of Departure: _____

Flight Number: _____

Flight Number: _____

Name/Address of Accommodation in Barbados:

SECTION D - REGISTRATION

Please tick the workshops/events/activities delegates wish to attend and the number attending.

No. Attending

CARIBNET meetings

Fri, 15 October _____

Sat, 16 October (CARIBNET members only) _____

Lecture & Presentation of Papers

Mon, 18 October _____

Tues, 19 October _____

Wed, 20 October _____

Workshops

Playwriting workshop (Saturday & Sunday) _____

For each week day session, please indicate whether you will be attending morning **OR** evening sessions.

Mon, 18 Oct a.m. _____ p.m. _____

Tues, 19 Oct a.m. _____ p.m. _____

Wed, 20 Oct a.m. _____ p.m. _____

Thurs, 21 Oct a.m. _____ p.m. _____

Fri, 22 Oct a.m. _____ p.m. _____

Arts in Action Workshop for CSEC Theatre Arts Teachers and Students _____

Technical Theatre Workshop _____

Landship Workshop _____

Composition Writing Workshop for Common Entrance Teachers _____

Dance Improvisation for Dance & Theatre Arts Teachers _____

Traditional Jamaican Cultural Forms for Dance making for Choreographers _____

Theatre In Education Workshop for CSEC Theatre Arts Teachers _____

Poetry Analysis Workshop for English B CSEC Teachers _____

Mask Making Workshop

Wed, 20 Oct _____ **OR** Thurs, 21 Oct _____

Narrative Writing Workshop for CSEC English A Teachers _____

Choreography Is Copyrightable Workshop for Choreographers/Dance Schools

Thurs, 21 Oct _____ **OR** Fri, 22 Oct _____

Teaching Composition Workshop for CSEC Music Teachers _____

No. Attending

Performances

Barbados Showcase	<input type="checkbox"/>	_____
Participating Countries Showcase	<input type="checkbox"/>	_____
Youth Productions	<input type="checkbox"/>	_____

Other Events

Visit to Welchman Hall Gully	<input type="checkbox"/>	_____
BFA Student Film presentations	<input type="checkbox"/>	_____
Book Launches	<input type="checkbox"/>	_____
Lime	<input type="checkbox"/>	_____
Island tour & shopping	<input type="checkbox"/>	_____
<i>Handsworth Songs</i> film presentation	<input type="checkbox"/>	_____
<i>The Life & Times of Louis Armstrong</i> film presentation	<input type="checkbox"/>	_____
Surinamese Art Exhibition – Queen’s Park Gallery	<input type="checkbox"/>	_____

SECTION E - PAYMENT INFORMATION

Registration Fees: _____
Workshop Fees: _____
TOTAL: _____

Payment Method:
bank draft _____
wire transfer _____
cheque (local delegates only) _____

A delegate list with your name, institution and email address will be supplied to all Festival attendees. Please indicate if you DO NOT want your details included in this list.

I/We do not give permission for my details to be used.

Name: _____
Signature: _____
Date: _____