

Tuesday, March 24, 2015 9:00 AM – 4:00 PM
University College of the Cayman Islands Campus

REGISTRANT DETAILS

| | | | |
|-----------------------|--------------|-------------------------|------------|
| _____ | | _____ | |
| NAME | | EMAIL | |
| _____ | | _____ | |
| COMPANY | | TITLE/DEPARTMENT | |
| _____ | | _____ | |
| ADDRESS/PO BOX | | PHONE | |
| _____ | | _____ | |
| CITY | STATE | POSTCODE/ZIP | FAX |

| | |
|-------------------------|--------------|
| ADDITIONAL NAMES | EMAIL |
| _____ | _____ |
| _____ | _____ |

FEE: CI \$275/ per person Group rates (2 or more) : **CI \$225 per person**

Student discounts available-Contact IACCS for details.

TOTAL FEE SUBMITTED: CI / USD \$_____ (USD divide by .82)

PAYMENT METHOD

Credit Card (please circle one) VISA MASTERCARD DISCOVERY

Name on Card: _____ Card Number _____

Expiry Date ____/____ Cardholder Signature _____

Cheque: Payable to IACCS- Please mail cheque to PO BOX 32312, Grand Cayman, KY1-1209, Cayman Islands

Local Bank Transfer to IACCS USD account- Scotiabank, IACCS, Acct# 107857003975

Wire Transfer USD: JP Morgan Chase Bank NA
270 Park Ave, New York, NY, USA 10017
SWIFT BIC: CHASUS33
CHIPS ABA: 0002
FEDWIRE ABA: 021000021

To Credit: Scotiabank and Trust Cayman LTD, George Town, Grand Cayman, Cayman Islands
SWIFT Code: NOSCKYKX
Account Number: 00105843

For Further Credit to: IACCS : Beneficiary Account Number: 7003975