



Belize Chamber of Commerce and Industry

Workshop Registration form

Course Title:	
Course Date:	
Submission Date:	

First Name:			
Last Name:			
Male/Female:			
Title/Position:			
Organization:			
Organization's GST Number:			
Address:			
City/Town:			
Cell Phone:		Fax:	
Email:			

How did you come to find out about this training?

- | | | |
|---|--|---------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Your Employer | specify |
| <input type="checkbox"/> Direct email from BCCI | <input type="checkbox"/> Social Media | |
| | <input type="checkbox"/> Other, please | |

Are you a client of BELTRAIDE (SBDC, Export Belize, BelizeInvest, or BTEC)?

- Yes No

Please send your completed registration form to:

Mr. Christopher Pech, Membership Program Administrator

E-mail: mpa@belize.org ; Fax: +501-223-5333

Cancellation Policy: 50% of the course fee will be charged if cancellation is not received in writing at least 2 business days before the course date.

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Tel: +501-223-5330; 614-3138 | bcci@belize.org | Web: www.belize.org

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