

REGISTRATION FORM

STR Training 2nd September, 2016 BEST WESTERN BELIZE BILTMORE PLAZA 9:00AM – 11:30AM

Full Name	:
Title/Posit	ion:
Organizati	on:
Address:	
City/Town:	
Tel:	
Email:	
Cost:	BZ\$75.00

Please send registration form and payment to:

Reynaldo Magana BIFSA Treasurer New Horizon Building Mile 3½ Phillip SW Goldson Highway

Belize City, Belize Phone: 223-2144 Fax: 223-2143

E-mail: accounts@bifsa.bz and CC: secretary@bifsa.bz

**Bank Direct Deposit may be made to the account of BIFSA at the Belize Bank Limited Account Number (695-01-1-034377) with a copy of the deposit slip emailed to accounts@bifsa.bz with copy to secretary@bifsa.bz as confirmation of payment

^{**}Check payments to be made payable to BIFSA