



**2<sup>nd</sup> OOCUR ANNUAL CONFERENCE- November 3-5, 2004**  
**“Independent and Transparent Utility Regulation in the Caribbean”**  
**The Ritz Carlton, Montego Bay, Jamaica**

**REGISTRATION FORM**

**PARTICIPANT/PRESENTER** *(Please type or print in Capital Letters. Your name will appear as stated in badges, lists etc.)*

**Mr/Mrs/Ms**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**REGISTRATION FEE**

**Participant/Presenter: US\$ 200.00**

**METHOD OF PAYMENT**

Payment by US\$ Bank Draft made in favour of the Organisation of Caribbean Utility Regulators (OOCUR) and should be sent to the Secretary General, OOCUR Secretariat, c/o RIC, Independence Square & Wrightson Road, Port of Spain, Trinidad & Tobago no later than October 15, 2004.

Payment on the day of Registration, November 2-3, 2004 may be made in US\$ Bank Draft or US\$ cash.

**Please fax completed form to:**

**Rita Persaud-Kong, Secretary General**

**OOCUR Fax: 868-624-2027**

**Tel: (868)-624-9168, 742-1092**

**Email: [secretariat@oocur.org](mailto:secretariat@oocur.org)**

**And to:**

**Carolyn B. Young, Director-Administration/HRD**

**Co-Host OUR Fax: (876) 929 3635**

**Tel: (876) 968-6053, 968-6057**

**Email: [cyoung@our.org.jm](mailto:cyoung@our.org.jm)**

**Organization of Caribbean Utility Regulators (OOCUR)**  
**2<sup>nd</sup> Annual Conference - November 3-5, 2004**  
**at the Ritz-Carlton Hotel, Rose Hall, Jamaica**  
**In order to secure your confirmed reservations, please complete this Hotel Reservation**

**Form and return via fax to:**  
**Attention: Group Reservations Department**  
**The Ritz-Carlton Golf and Spa Resort, Rose Hall, Jamaica**

**FAX: (876) 953-2085 TEL: (876) 953-2800**

|   |                  |
|---|------------------|
| NAME:   |                  |
| HOME ADDRESS:   |                  |
| CITY, STATE, COUNTRY, ZIP:  |                  |
| AREA CODE/TELEPHONE   | Fax: E-Mail:     |
| PLEASE INDICATE TYPE OF ACCOMMODATIONS REQUIRED:  |                  |
| Applicable Rates: US\$240.00 single occupancy and US\$360.00 double occupancy. Third person pays an additional US\$150.00 (maximum three (3) adults per guestroom)  |                  |
| PLEASE INDICATE ROOM TYPE:  |                  |
| Room single _____ Room double _____ Room triple _____   |                  |
| Room with one king size bed _____ Room with two double beds _____   |                  |
| Name of person sharing double room  |                  |
| Names of persons sharing triple rooms   |                  |
| AIRPORT TRANSFERS: Sangster's International Airport to/from Ritz Carlton Rose Hall, Jamaica will be provided. Please report to the arrival lobby at Sangster's International Airport where you will see the Ritz-Carlton arrival lounge. There you will find a cold towel, bottled water and warm friendly Jamaican hospitality. Your bags will be tagged and you will then be escorted to the shuttle bus for a short ten (10) minutes commute to the hotel. |                  |
| ARRIVAL DATE/TIME:  | CARRIER/FLIGHT # |
| DEPARTURE DATE/TIME:  | CARRIER/FLIGHT # |
| AMOUNT OF PERSONS:  |                  |
| PLEASE HOLD MY RESERVATION BY THE ENCLOSED DEPOSIT CHECK TOTALING \$ _____ OR BY CHARGING THE FOLLOWING CREDIT CARD:  |                  |
| MASTERCARD ___ VISA ___ AMERICAN EXPRESS ___ DINERS CLUB ___  |                  |
| CARD NUMBER:  | EXPIRATION DATE: |
| Each group participant is responsible for payment of the room revenue balance applicable to each room reserved. Payment for required guestroom nights must be made in full by August 24, 2004.  |                  |
| Reservations received after August 24, 2004, are subject to room availability. Early arrivals or late departures outside of group dates are on a request basis only. Group rates will be honored for <u>a maximum of three days prior to and three days</u> following group-contracted dates.   |                  |
| I understand that in order to avoid a penalty; I must cancel my reservation directly with the hotel at least 21 days prior to my anticipated arrival. Otherwise, I am liable for a payment totaling the room revenue for the number of nights that I have requested to be reserved. Payment for which will be collected by my enclosed deposit cheque or billed through my credit card, as listed above.  |                  |

Guest Signature/Date

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