
# JAAP Convention 2024 Registration Form

**DATE: October 3-6, 2024**
**VENUE: Ocean Coral Spring Resort, Trelawny, Jamaica**

## Theme: *PEOPLE, PURPOSE AND PASSION: THE PATHWAY TO SUCCESS*

**Please READ CAREFULLY the following information before completing this registration form.**

**NOTE**
***JAAP will NOT be responsible for reprinting of certificates based on incorrectly completed forms.***

**CLOSING DATE**
- Registration and payment must be received by **August 15, 2024,** to secure your space.
- We CANNOT guarantee accommodation if registration is received after this date. Further, the closing date is to ensure an adequate supply of Convention material, certificates, session tickets, etc., as well as appropriate arrangements for transportation.
- **Late registration (August 15-18, 2024) will attract a higher rate as determined by the hotel.**

**PAYMENT**
- See details on invoice which is sent after the registration form is submitted.
- Payment must be made along with registration to guarantee a space at this Convention.
- Send payment verification to nejasap@cwjamaica.com.

**CANCELLATION POLICY**
- Cancellations between **August 15-18, 2024, will attract a 75% penalty.**
- There will be **no refund for cancellations after August 19, 2024.**

**TRANSPORTATION**
Luxury ground transportation will be provided at an additional cost for registered participants who book and make payment in advance. Call the Secretariat at 876-926-9742 for more information.

| First Name | Middle Initial (Optional) | Last Name |
|---|---|---|
| | | |

Educational Designations

| |
|---|
| |

| Email Address | Mobile Number |
|---|---|
| | |

Please indicate your sponsor.

- [ ] Organisation
- [ ] Self
- [ ] Other

Name of Organisation. Type "NA" if not applicable.

Address of Organisation. Type "NA" if not applicable.

Name of Contact Personnel (HR Manager, Director, etc). Type "NA" if not applicable.

Email Address of Contact Personnel. Type "NA" if not applicable.

Office Phone Number. Type "NA" if not applicable.

Select your Chapter membership.

- [ ] Kingston Chapter
- [ ] St Ann Chapter
- [ ] Portland Chapter
- [ ] St James Chapter
- [ ] Manchester Chapter
- [ ] St Mary Chapter
- [ ] St Catherine Group
- [ ] Not a member

Are you a first-time attendee?

- [ ] Yes
- [ ] No

Will you be sharing a room?

- [ ] Yes
- [ ] No

If yes, please indicate relationship.

- [ ] Work colleague
- [ ] Spouse
- [ ] Child
- [ ] Family
- [ ] Friend

Give full name of roommate. Type "none" if not applicable.

Please share any other information pertinent to your registration and or accommodation. Type "none" if not applicable.

**Be sure to review your registration form and submit same to the JAAP Secretariat at nejasap@cwjamaica.com and call 876-926-9742 to confirm receipt. Thank you!**

**For further information or queries, contact:**

- ***Convention Coordinator*, Sheila Heaven** at 876-383-3461 or sheila.heaven@gmail.com
- ***National President*, Tanya Pinnock Thomas** at 876-509-6820 or nepresidentjaap@gmail.com