



## REGISTRATION FORM IALA ATON LEVEL1 MANAGER MODEL COURSE

**SURINAME ATON ACADEMY  
EDUCATIONAL ROOM FLYING FISH  
CORNELIS JONGBAWSTREET # 2  
PARAMARIBO  
SURINAME**

### PARTICIPANT'S DETAILS

Surname (family name): .....

First name (given name): .....

Title (Mr./Mrs./Dr. etc.) Mr.....

Organization or Company: .....  
.....

Address: .....  
.....

Country: .....

Phone (incl. country code):  
.....

Mobile (incl. country code):  
.....

Email:  
.....

Dietary requirements (please specify):  
I agree to my contact details being  
provided in the final report of the seminar:  
Yes x                      No

I need an invitation letter for a visa  
purposes:  
Yes                       No x

I will be accompanied by:  
.....N/A.....  
.....  
.....  
.....

### PAYMENT

Please note that your registration can only be confirmed once full registration fee has been paid.

### BANK DETAILS FOR PAYMENT:

Beneficiary bank: De Surinaamsche bank  
Swift code: SURBSRPA  
Account no. : 04.36.666  
Address: Henck Aronstraat 28 - 30  
Name: Maritime Authority Suriname

Intermediary bank:  
Bank of America, NA  
100 W 33 Street  
New York NY 10001  
Swift: BOFAUS3N

### CANCELLATION POLICY

All cancellations must be sent by e-mail to [bmahabier@mas.sr](mailto:bmahabier@mas.sr) and [dlecouvreur@mas.sr](mailto:dlecouvreur@mas.sr)

A refund in full of the registration fee will only be provided if notification is given at least two weeks prior the event.

Otherwise, a cancellation charge of 50% will be applied.

Name changes will be accepted.

In case of a no-show, 100% of the registration fee will be charged.

**Registration is possible until 30<sup>th</sup> of July 2019.**