

## Congress History

*Are you a first time Congress Attendee ?*

☐ YES ☐ NO

*Please indicate, If Applicable, Previous Congress / es Attended*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 2023 Jamaica  | <input type="checkbox"/> 2009 T&T      | <input type="checkbox"/> 1998 Belize   |
| <input type="checkbox"/> 2019 Belize   | <input type="checkbox"/> 2008 Barbados | <input type="checkbox"/> 1997 T&T      |
| <input type="checkbox"/> 2018 Jamaica  | <input type="checkbox"/> 2007 T&T      | <input type="checkbox"/> 1996 Barbados |
| <input type="checkbox"/> 2017 Barbados | <input type="checkbox"/> 2006 Jamaica  | <input type="checkbox"/> 1995 Jamaica  |
| <input type="checkbox"/> 2016 Antigua  | <input type="checkbox"/> 2005 Dominica | <input type="checkbox"/> 1994 Grenada  |
| <input type="checkbox"/> 2015 T&T      | <input type="checkbox"/> 2004 Antigua  | <input type="checkbox"/> 1993 Bahamas  |
| <input type="checkbox"/> 2014 Jamaica  | <input type="checkbox"/> 2003 Grenada  | <input type="checkbox"/> 1992 Barbados |
| <input type="checkbox"/> 2013 Dominica | <input type="checkbox"/> 2002 Belize   | <input type="checkbox"/> 1991 Jamaica  |
| <input type="checkbox"/> 2012 Belize   | <input type="checkbox"/> 2001 T&T      | <input type="checkbox"/> 1990 Curacao  |
| <input type="checkbox"/> 2011 Grenada  | <input type="checkbox"/> 2000 Jamaica  | <input type="checkbox"/> 1989 T&T      |
| <input type="checkbox"/> 2010 Jamaica  | <input type="checkbox"/> 1999 Dominica | <input type="checkbox"/> 1988 Barbados |

*Please indicate if you have served in any of the capacities below*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> CARAIFA Executive   | <input type="checkbox"/> CARAIFA Past President | <input type="checkbox"/> CARAIFA Hall of Famer    |
| <input type="checkbox"/> Company Executive   | <input type="checkbox"/> Territory President    | <input type="checkbox"/> Territory Past President |
| <input type="checkbox"/> MDRT Representative | <input type="checkbox"/> Other _____            |   |

***We Ready! We Ready! We Ready for You!!***

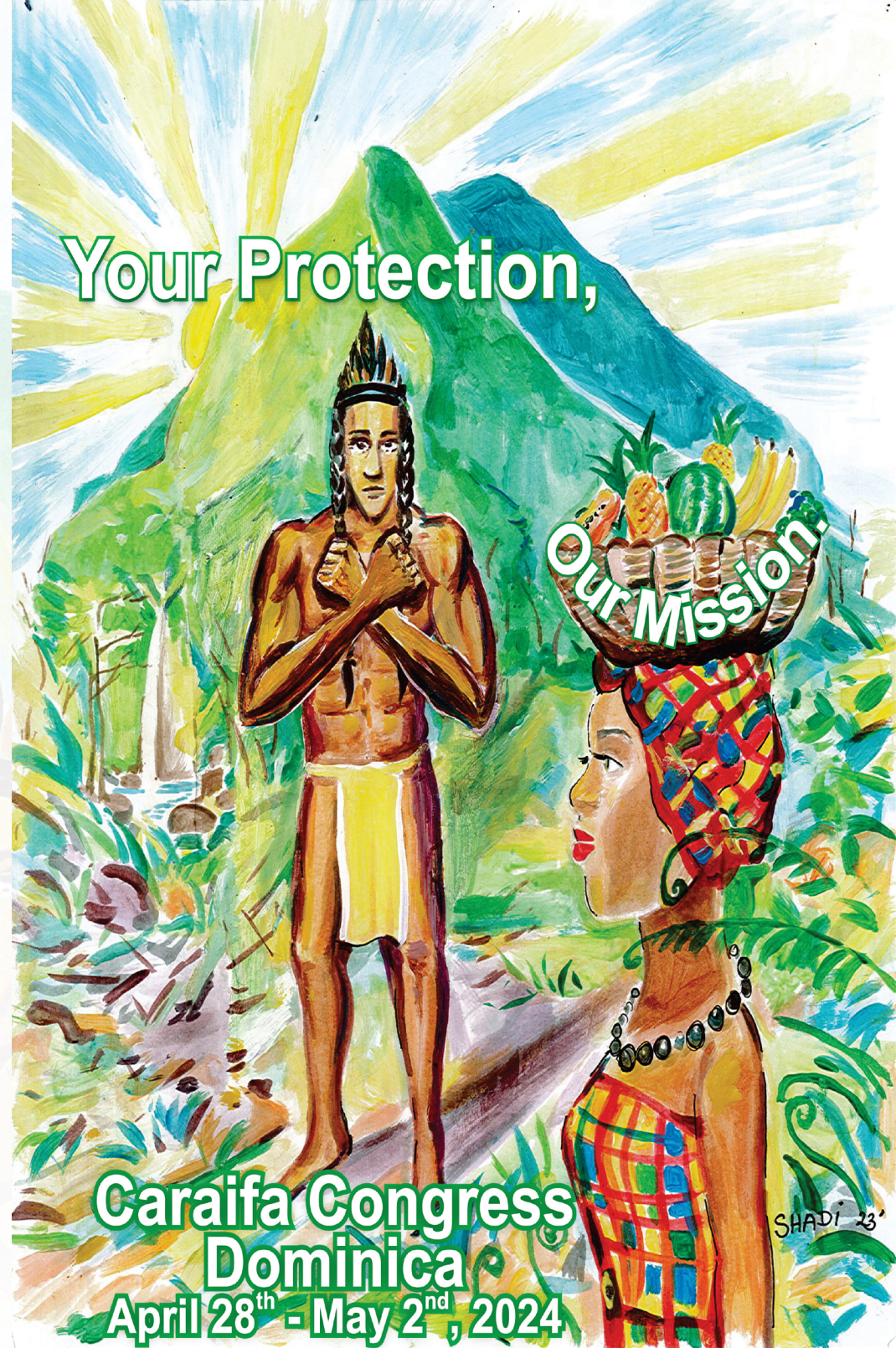
***Bathing Suits, Sneakers, Flowered Cotton Shirt, Dresses  
See you in the Nature Isle Dominica!!***

***For more info  
cheryl\_rolle@sagicor.com***

***+1 (767) 235 - 7111  
+1 (767) 275 - 6605***



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# Personal Information

Please use Block Letters ☐ Mr. ☐ Mrs. ☐ Miss. ☐ Dr.

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

First Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Company: \_\_\_\_\_

Email: \_\_\_\_\_

Country: \_\_\_\_\_

Please state any allergies / critical medical conditions and prescribed medication.

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Occupancy Choice: ☐ Single ☐ Double ☐ Triple

If Double or Triple, please name the person you will be rooming with (Indicate if Guest, Colleague or Family Member)

Name: \_\_\_\_\_

Company: \_\_\_\_\_

N.B. Separate forms are required for Additional Persons

How long have you been in the Insurance Industry: \_\_\_\_\_

Please indicate size of Congress t-shirt

☐ Small ☐ Medium ☐ Large ☐ Extra Large ☐ XXL ☐ XXXL

☐ Other \_\_\_\_\_

# Payment Method

Please indicate if CARAIFA will be paying ☐ YES ☐ NO ☐ Cash ☐ Company Cheque

If not please indicate payment method ☐ Debit Card ☐ Credit Card ☐ Salary Deduction

If payment is being made via Cash, Company Cheque or Debit Card, please provide.

Sum of Total Transaction: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If Credit Card was selected, please provide.

Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Card Holder: \_\_\_\_\_

Sum of Total Transaction: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Salary Deduction was selected, please provide.

Company: \_\_\_\_\_ Branch: \_\_\_\_\_

Please remit to **CARAIFA** for Sales Congress 2024

For the said Total of : \$ \_\_\_\_\_

For the Monthly Duration: \_\_\_\_\_

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

Company: \_\_\_\_\_ Branch: \_\_\_\_\_

Manager: \_\_\_\_\_ Signature: \_\_\_\_\_

(Salary Deduction Authorization by Accounts Department)

Authorized By: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Registration

EARLY SISSEROU REGISTRATION

Before December 31st, 2023

☐ Single Occupancy - **\$2200.00 USD** ☐ Double Occupancy - **\$1800.00 USD**

☐ Triple Occupancy - **\$1500.00 USD**

REGULAR REGISTRATION

Register January 1st - March 15th, 2024

☐ Single Occupancy - **\$2400.00 USD**

☐ Double Occupancy - **\$2000.00 USD**

☐ Triple Occupancy - **\$1700.00 USD**

LATE REGISTRATION

Avoid late Registration March 22nd, 2024

☐ Single Occupancy - **\$2600.00 USD**

☐ Double Occupancy - **\$2200.00 USD**

☐ Triple Occupancy - **\$1900.00 USD**

Extra nights stay and special Guest Rates can be provided upon request.

## CANCELLATION & REFUND POLICY

Please be advised that all cancellations must be in writing

Cancellations received by: December 31st, 2023 - 100% / Cancellations received by: March 15th, 2024 - 50%

(Less administrative fees or at least 10% of refund)

Cancellations received after March 15th, 2024 will not be eligible for a refund