

DEPARTMENT OF DISASTER MANAGEMENT



Government of the British Virgin Islands
Tortola, British Virgin Islands
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EARTHQUAKE AND TSUNAMI EXERCISE

CARIBEWAVE 17

REGISTRATION FORM

For registration of several persons within an agency we ask that you complete the first section of the registration form.

Interested persons who would like to register for individual participation are asked to complete the second section of the registration form.

Agency (Private & Public)

Name: _____

Job Title _____

Dept./Agency/Org.: _____

Email: _____

Agency Gender dynamics: Male _____ Female _____

Contact number: _____

Individual

Name: _____

Email: _____

Contact number: _____

Please complete and email to chicks@gov.vg or fax to the address listed by March 15, 2017