BVI PORTS AUTHORITY | PORTVISION 2026

Registration No.:

# Registration Form

*Please complete one form per attendee. All fees are in United States Dollars (USD). Email Registration to Portvision@bviports.org*

## 1. ATTENDEE INFORMATION

**Full Name:**

**Job Title / Position:**

**Organization / Company:**

**Email Address:**

**Phone / WhatsApp:**

**Mailing Address:**

## 2. EMERGENCY CONTACT

| Full Name | Relationship | Phone / WhatsApp |
|---|---|---|
| | | |

## 3. ACCESSIBILITY OR DIETARY REQUIREMENTS

**Please specify:**

## 4. REGISTRATION PACKAGE | SELECT ONE

| Select | Package | Fee |
|---|---|---|
| ☐ | **1 Day Conference Package**<br>One conference day, lunch and refreshments, conference package | **$150** |
| ☐ | **Full Conference Package**<br>Two conference days, lunch and refreshments, conference package | **$225** |
| ☐ | **Full Conference + 35th Anniversary Gala**<br>Conference package plus Gala admission | **$345** |
| ☐ | **35th Anniversary Gala Only**<br>Gala admission | **$120** |

*tes are available for three or more persons from the same company or non-profit organization.*

## 5. TRANSPORTATION

Transportation is available for Sister Island attendees. Visiting attendees may request arrival transportation from Terrance B. Lettsome International Airport or the Road Town Ferry Terminal. Please coordinate your itinerary with the PortVision Secretariat before arrival.

☐ Yes, I require transportation

☐ No, I do not require transportation

**Pick-up location:** _____

**Arrival date and time:** _____

**Flight / Ferry details:** _____

## 6. PAYMENT METHOD

☐ Credit Card or Debit Card

☐ Wire Transfer

☐ Cheque (local businesses only)

☐ Cash

*Payment instructions and banking details will be provided separately. Registration is confirmed upon receipt of payment.*

## 7. REGISTRATION SUMMARY

| | |
|---|---|
| **Selected package** | _____ |
| **Number of attendees** | _____ |
| **Amount due (USD)** | $_____ |
| **Payment reference / receipt no.** | _____ |

## 8. AUTHORIZATION

By signing below, I confirm that the information provided is accurate and agree to follow the conference guidelines.

**Participant Signature:** _____

**Date:** _____

## 9. SUBMISSION

**Submit the completed form to the PortVision Secretariat. Keep a copy for your records.**

**Secretariat Email:** portvision@bviports.org or by hand to the Road Reef BVI Ports Authority's Office. Phone 284-852-2522

### FOR OFFICIAL USE ONLY

| Receipt No. | Date Received | Processed by |
|---|---|---|
| | | |