

Protecting Critical Assets: For the Nation and the Organization: 11th July 08 (Fri), 1pm to 5pm

	Regis	tration Form
PARTICIPANT'S DETAI	LS	
Name (Prof/Dr/Mr/Mrs/M	iss/Mdm):	
Organisation:		
		Department:
		Email:
Name (Prof/Dr/Mr/Mrs/M	iss/Mdm):	
Organisation:		
Designation:		Department:
Tel:		
COURSE DATE: 11th .	July 08 (Fri) 1pm to	5pm
METHOD OF PAYMENT	C (Please tick the relevan	nt boxes)
By Cheque (for local participants only)Cheque made payable to 'Centre for Behavioral Science Pte Ltd'		ayable to 'Centre for Behavioral Science Pte Ltd'
 By Bank Transfer Centre for Behavioral Science Pte Ltd OCBC Bank, Orchard Branch Account Number: 508-763661-001 		Orchard Branch
ORGANISATION DETAI		61: 506-705001-001
	-	
Organisation: Address:		
Contact Person:		Designation:
Tel:	Fax:	Email:
I understand and accept th	e terms and conditions	s stated below.
Signature & Date:		Company Stamp:
Please print out and send us t	the completed registration	n form
 Mail: Program Centre 	720 2222 m Manager for Behavioral Science P chard Road, #03-08 Le M	te Ltd Ieridien Hotel, Singapore 238840
TERMS AND CONDITIONS	S	
RegistraAll cance	ation will only be confirm cellation will carry a SGD	ed upon receipt of registration form and full payment. 200.00 administration fee. ellation less than 14 days prior to the event date.

• Centre for Behavioral Science Ptd Ltd, reserves the right to cancel or postpone the course/seminar due to unforeseen circumstances and also the right to reject any registration. A full refund of course/seminar fee will be made to you.