

**Intelligence Support to Corporate Security by Jeff Corkill  
25<sup>th</sup> July 08 (Fri) 1pm to 5pm**

**Registration Form**

**PARTICIPANT'S DETAILS**

Name (Prof/Dr/Mr/Mrs/Miss/Mdm): \_\_\_\_\_

Organisation: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name (Prof/Dr/Mr/Mrs/Miss/Mdm): \_\_\_\_\_

Organisation: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**COURSE DATE: 25<sup>th</sup> July 08 (Fri) 1pm to 5pm**

**METHOD OF PAYMENT** (*Please tick the relevant boxes*)

By Cheque (for local participants only) Cheque made payable 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

**ORGANISATION DETAILS**

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I understand and accept the terms and conditions stated below.

Signature & Date: \_\_\_\_\_ Company Stamp: \_\_\_\_\_

Please print out and send us the completed registration form

- Fax: (65) 6720 2222
- Mail: Program Manager  
Centre for Behavioral Science Pte Ltd  
100 Orchard Road, #03-08 Le Meridien Hotel, Singapore 238840

**TERMS AND CONDITIONS**

- Registration will only be confirmed upon receipt of registration form and full payment.
- All cancellation will carry a SGD 200.00 administration fee.
- No refund can be made for cancellation 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.