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**Registration Form**

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**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:** \_\_\_\_\_

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**COURSE DATE: 28<sup>th</sup> Jan 10 (Thurs) Analysing Crime Behaviour Using CCTV**

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**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

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**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, #04-100 Concorde 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 Pte 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.**