
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: 1 day Power Presentation Skills 26th May 10 SGD500 (NETT)

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, #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 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.**