

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 Crisis Counselling - 20th Nov 08 (Thurs), 9am 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: Programme Manager
Centre for Behavioral Science Pte Ltd
100 Orchard Road, #03-08, 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, 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.