CENTRE FOR BEHAVIORAL SCIENCE

1 Day Managing Conflict – 22nd Dec 08 (Mon), 9am to 5pm

Registration Form		
PARTICIPANT'S	5 DETAILS	
Name (Prof/Dr/M	r/Mrs/Miss/Mdm):	
Designation:		Department:
Tel:	Fax:	Email:
Name (Prof/Dr/M	r/Mrs/Miss/Mdm):	
Organisation:		
Designation:		Department:
		Email:
COURSE DATE:	1 Day Managing Conflic	t – 22 nd Dec 08 (Mon), 9am to 5pm
METHOD OF PA	YMENT (Please tick the rele	evant boxes)
By Cheque (for l participants only)	-	le 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	N DETAILS	
Organisation:		
Address:		
Contact Person:		Designation:
Tel:	Fax:	Email:
I understand and accept the terms and conditions stated below. Signature & Date: Company Stamp:		
Signature & Date: Company Stamp:		
Please print out and	l send us the completed registra	ation 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 CON	DITIONS	
 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. Control for Babarianal Spinner programs the right to concell on portners the commentation due to the concellation. 		
• 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.		