

1 day Terrorism and its Urban Targets 17th April 2015 (Fri), 9am to 5pm

	Regi	stration Form	
PARTICIPANT'S DET	TAILS		
Name (Prof/Dr/Mr/Mrs	s/Miss/Mdm):		
		Department:	
=		Email:	
Name (Prof/Dr/Mr/Mrs	s/Miss/Mdm): ———		
Organisation:			
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	Fax:		
METHOD OF PAYME By Cheque (for local	ENT (Please tick the releva	rban Targets - 17th April 2015 (Fri) SGD500 (NETT) unt boxes) payable to 'Centre for Behavioral Science Pte Ltd'	
participants only)			
□ By Bank Transfer	OCBC Bank,	Centre for Behavioral Science Pte Ltd OCBC Bank, Orchard Branch Account Number: 508-763661-001	
ORGANISATION DE	ΓAILS		
Organisation:			
Address:			
Contact Person:		Designation:	
Tel:	Fax:	Email:	
I understand and accep	t the terms and condition	s stated below.	
Signature & Date:		Company Stamp:	
Please print out and send	us the completed registration	on form	
Mail: Pro) 6278 975 8 gram Manager tro for Robovioral Science	Dto I td	

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.

1003 Bukit Merah Central, #06-13 Inno Centre, Singapore 159836

• 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.