

1 day Art of Mentoring - Developing People & Teams for High Performance 29th May 2015, 9am to 5pm

Registration	Form
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	Kegisti		
PARTICIPANT'S	DETAILS		
Name (Prof/Dr/Mr/	Mrs/Ms/Mdm):		
Organisation:			
Designation:		Department:	
Tel:	l: Fax:		
Name (Prof/Dr/Mr/	Mrs/Miss/Mdm):		
Organisation:			
D • •			
	Fax:		
	day Art of Montaring CC		
	day Art of Mentoring - SG MENT (Please tick the relevant)		
□ By Cheque (for loc		yable to vioral Science Pte Ltd	Request for Invoice (30 days and it torm)
participants only)			(30 days credit term)
By Bank Transfer		vioral Science Pte Ltd	E-Invoice Sub Bu No
	OCBC Bank, Or Account Number	chard Branch r: 508-763661-001	
ORGANISATION			
Address:			
Contact Person:		Designation:	
Tel:	Fax:		
I understand and a	ccept the terms and conditions s	stated below.	
Signature & Date:		Company Stamp:	
Please print out and s	end us the completed registration	form	
■ Fax: ■ Mail:	(65) 6278 9758 Program Manager Centre for Behavioral Science Pte 1003 Bukit Merah Central, #06-13		59836
TERMS AND COND	ITIONS		
•	Registration will only be confirmed All cancellation will carry a SGD 2		on form and full payment.

- 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.