

## 2 day Professional Cert in Forensic Accounting 4 & 5 June 2015, 9am to 5pm

	Re	egistration Form		
PARTICIPANT'S				
Name (Prof/Dr/M	r/Mrs/Ms/Mdm):			
Organisation:				
Designation:		Department:		
Tel:	Fax:	Email:		
Name (Prof/Dr/M	r/Mrs/Ms/Mdm):			
Organisation:				
Designation:				
		Email:		
	2 day Professional Cer	t in Forensic Accounting -	SGD1280 (NETT)	
☐ By Cheque (for local Cheque made payable to		ade payable to	□ Request for Invoice	
participants only) 'Centre for Behaviora		r Behavioral Science Pte Ltd	(30 days credit term)	
□ By Bank Transf	OCBC Ba	Behavioral Science Pte Ltd nk, Orchard Branch Jumber: 508-763661-001	□ E-Invoice Sub Bu No	
ORGANISATION	N DETAILS			
Organisation:				
Address:				
Contact Person:		Designation:		
Tel:	Fax:	Email:		
I understand and	accept the terms and condi	tions stated below.		
Signature & Date:		Company Sta	amp:	
Please print out and	l send us the completed regist	ration form		
• Fax:	■ Fax: (65) 6278 9758			
<ul><li>Mail:</li></ul>	Program Manager			
	Centre for Behavioral Scien	nce Pte Ltd		

## 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 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.