

1 day The Essential Counsellof ! Gi ddcfhGhUZh fci [\ '8]ZW `h]Yg

PARTICIPANT'S DETAIL	Reg	distration Form		
Name (Prof/Dr/Mr/Mrs/Ms	s/Mdm):			
Organisation:	, <u> </u>			
Tel: Fax:		Email:		
Name (Prof/Dr/Mr/Mrs/Ms	s/Mdm): ———		_	
Designation:		Department:	Department:	
Tel:	Fax:	Email:		
COURSE DATE: 1 day T METHOD OF PAYMENT				
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☐ By Cheque (for local participants only)	Cheque made p	payable to pavioral Science Pte Ltd	Request for Invoice(30 days credit term)	
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□ By Bank Transfer	Centre for Behavioral Science Pte Ltd		□ E-Invoice Sub Bu No	
		er: 508-763661-001		
ORGANISATION DETAIL	LS			
Organisation:				
Address.				
Contact Person:	Designation:			
Tel:	Fax:	Email:		
I understand and accept th	e terms and conditions	stated below.		
Signature & Date:	nature & Date:		amp:	
Please print out and send us t	the completed registration	n form		
• Fax: (65) 627	78 9758			

TERMS AND CONDITIONS

Mail:

Program Manager

Centre for Behavioral Science Pte Ltd

- 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.