

	Regis	stration Form		
PARTICIPANT'S DET	AILS			
Name (Prof/Dr/Mr/Mrs/	Ms/Mdm):			
Organisation:				
Designation:		Department:	Department:	
Tel:	Fax:	Email:	_ Email:	
Name (Prof/Dr/Mr/Mrs/	Ms/Mdm):			
Organisation:				
Designation:				
	Fax:			
			ecovery - SGD450 (NETT	
METHOD OF PAYME			ecovery - 5GD450 (NETT	
By Cheque (for local participants only)	Cheque made 'Centre for Bel	payable to navioral Science Pte Ltd	 Request for Invoice (30 days credit term) 	
			-	
By Bank Transfer		Centre for Behavioral Science Pte Ltd ^C E-Invoice Sub Bu N OCBC Bank, Orchard Branch		
		Account Number: 508-763661-001		
ORGANISATION DET	AILS			
Organisation:				
Address.				
Contact Person:		Designation:	Designation:	
Tel:	Fax:	Email:		
I understand and accept	the terms and condition	s stated below.		
Signature & Date:		Company St	Company Stamp:	
Please print out and send u	is the completed registratio	on form		
• Fax: (65)	6278 9758			
	ram Manager			
	re for Behavioral Science I Bukit Merah Central, #06		F 003 <i>C</i>	

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.
- 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.