

	Registratio	1 For n	
PARTICIPANT'S DETA	AILS		
Name (Prof/Dr/Mr/Mrs/N	Ms/Mdm):		
Organisation:			
Designation:		Department:	
Tel:	Fax:	Email:	
Name (Prof/Dr/Mr/Mrs/	Ms/Mdm):		
Organisation:			
	Fax:		
COURSE DATE: 1 day	y Powerful Email Technique	es - SGD450 (NE	TT)
METHOD OF PAYMEN	NT (Please tick the relevant boxes)	
□ By Cheque (for local	Cheque made payable	to	Request for Invoice
participants only)	'Centre for Behavioral	Science Pte Ltd	(30 days credit term)
□ By Bank Transfer	Centre for Behavioral S	Centre for Behavioral Science Pte Ltd	
	OCBC Bank, Orchard Account Number: 508-		
ORGANISATION DET/		/03001-001	
Address:			
Contact Person:		Designation:	
Tel:	Fax:	Email:	
I understand and accept	the terms and conditions stated	below.	
Signature & Date:		Company Stamp:	
Please print out and send us	s the completed registration form		
	5278 9758		
Centr	am Manager e for Behavioral Science Pte Ltd Bukit Merah Central, #06-13 Inno	Centre, Singapore 1	59836
TERMS AND CONDITION	NS		
• Regist	ration will only be confirmed upon	- 0	on form and full payment.
	neellation will commune SCD 200.00	administration foo	

- 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.