

1 day Ultimate Guide for Secretary, PA, & Admin Manager 16th Sept 2015, 9am to 5pm

	negis	tratio i i oi ii	
PARTICIPANT'S DETAIL	_S		
Name (Prof/Dr/Mr/Mrs/Ms	s/Mdm):		
Organisation:			
Designation:		Department:	
Tel:	Fax:	Email:	
Name (Prof/Dr/Mr/Mrs/Ms	s/Mdm):		
Organisation:			
Designation			
<u>- </u>	T T 1		
COURSE DATE: 1 day U			Manager - SGD450 (NETT)
☐ By Cheque (for local participants only)	Cheque made payable to 'Centre for Behavioral Science Pte Ltd		☐ Request for Invoice (30 days credit term)
□ By Bank Transfer	Centre for Behavioral Science Pte Ltd OCBC Bank, Orchard Branch Account Number: 508-763661-001		□ E-Invoice Sub Bu No —————
ORGANISATION DETAIL	L S		
Organisation:			
Address:			
Contact Person:		Designation:	
Tel:	Fax:	Email:	
I understand and accept the	e terms and conditions	s stated below.	
Signature & Date:	Company Sta		amp:
Please print out and send us the	• 0	on form	
- E ((E) (37	0 0750		

Posietration Form

Fax: (65) 6278 9758Mail: Program Manager

Centre for Behavioral Science Pte Ltd

1003 Bukit Merah Central, #06-13 Inno Centre, Singapore 159836

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.