

1 day Stress and Wellness Management - Achieving Workplace Wellness & Improve Productivity 22nd Sept 2015, 9am to 5pm

PARTICIPANT'S DETAIL		Registration Form	
Name (Prof/Dr/Mr/Mrs/Ms/	/Mdm):		
Organisation:			
Designation:		Department:	
Tel:	— Fax: ———	Email:	
Name (Prof/Dr/Mr/Mrs/Ms	/Mdm):		
Organisation:			
D · · · ·			
Tel:			
COURSE DATE: 1 day SI	tracs and Wallnes	s Management - SGD50	
METHOD OF PAYMENT			
□ By Cheque (for local	`		□ Request for Invoice
participants only)	Cheque made payable to 'Centre for Behavioral Science Pte Ltd		(30 days credit term)
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By Bank Transfer		Centre for Behavioral Science Pte Ltd ^C E-Invoice Sub Bu No OCBC Bank, Orchard Branch	
	,	Account Number: 508-763661-001	
ORGANISATION DETAIL	S		
Organisation:			
Address:			
Contact Person:		Designation:	
Tel:	Fax:	Email:	
I understand and accept the	e terms and condition	ns stated below.	
Signature & Date:		Company St	amp:
Please print out and send us th	e completed registrat	ion form	
• Fax: (65) 6278	8 9758		
Mail: Program	Manager		
	or Behavioral Science		50836
1003 Dui	sit ivierali Cellural, #0	6-13 Inno Centre, Singapore 1	570 5 0
TERMS AND CONDITIONS			
-	gistration will only be confirmed upon receipt of registration form and full payment. cancellation will carry a SGD 200.00 administration fee.		
		cellation less than 14 days prio	or 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.