

	Registration Fo	`n	
PARTICIPANT'S DETAIL	S		
Name (Prof/Dr/Mr/Mrs/Ms/	/Mdm):		
Organisation:			
Designation:	1	Department:	
Tel:	Fax: ]	Email:	
Name (Prof/Dr/Mr/Mrs/Ms/	/Mdm):		
Organisation:			
Designation:	1	Department:	
Tel:	Fax: 1		
<b>COURSE DATE: 1 day N</b>	lanaging Upset Customers Co	nstructively -	- SGD450 (NETT)
METHOD OF PAYMENT	(Please tick the relevant boxes)		
□ By Cheque (for local	Cheque made payable to		□ Request for Invoice
participants only)	<b>'Centre for Behavioral Science</b>	e Pte Ltd	(30 days credit term)
□ By Bank Transfer	Centre for Behavioral Science	Pte Ltd	□ E-Invoice Sub Bu No
	OCBC Bank, Orchard Branc Account Number: 508-763661		
ORGANISATION DETAIL			
Address:			
Contact Person:		Designation:	
Tel:	Fax: 1	Email:	
I understand and accept the	e terms and conditions stated below		
Signature & Date:		Company Stam	p:
		party stall	<b>r</b>
Please print out and send us th	e completed registration form		
• Fax: (65) 6278			
	n Manager or Behavioral Science Pte Ltd		
	kit Merah Central, #06-13 Inno Centro	e, Singapore 1598	36

## 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.