

1 day Influential Writing 8th October 2015, 9am to 5pm

	Regisi	ration Form	
PARTICIPANT'S DE	TAILS		
Name (Prof/Dr/Mr/M	rs/Ms/Mdm):		
Organisation:			
Tel: Fax:		Email:	
Name (Prof/Dr/Mr/M	rs/Ms/Mdm):		
Organisation:			
	Fax:		
OURSE DATE: 1 day	/ Influential Writing - SG	5D500 (Nett)	
METHOD OF PAYM	ENT (Please tick the relevan	t boxes)	
☐ By Cheque (for local participants only)		ayable to avioral Science Pte Ltd	☐ Request for Invoice (30 days credit term)
□ By Bank Transfer	OCBC Bank, O	vioral Science Pte Ltd rchard Branch er: 508-763661-001	□ E-Invoice Sub Bu No
ORGANISATION DI	ETAILS		
Organisation:			
Address:			
Contact Person:		Designation:	·
Tel:	Fax:	Email:	
I understand and acce	ept the terms and conditions	stated below.	
Signature & Date:		Company St	tamp:
Please print out and sen	d us the completed registration	form	
■ Mail: Pi	5) 6278 9758 rogram Manager entre for Behavioral Science Pt	e Ltd	

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.

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

• 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.