

1 day Wooing Unhappy Customers in Service Recovery 19th October 2015, 9am to 5pm

	Regis	stration Form		
PARTICIPANT'S DETAI	LS			
Name (Prof/Dr/Mr/Mrs/M	s/Mdm):			
Organisation:				
Designation:		Department:		
Tel:	Fax:			
Name (Prof/Dr/Mr/Mrs/M	s/Mdm):			
Organisation:				
· · · · · · · · · · · · · · · · · · ·	esignation:		Department:	
COURSE DATE: 1 day METHOD OF PAYMENT			ecovery - SGD450 (NETT)	
	`	,		
□ By Cheque (for local Cheque made paya participants only)		payable to havioral Science Pte Ltd	☐ Request for Invoice (30 days credit term)	
□ By Bank Transfer	Centre for Beh OCBC Bank, (Centre for Behavioral Science Pte Ltd Centre for Behavioral Science Pte Ltd CCBC Bank, Orchard Branch Account Number: 508-763661-001		
ORGANISATION DETAI		Der: 508-703001-001		
Organisation:Address:				
Contact Person:		Designation:		
Tel:	Fax: Email:			
I understand and accept th	e terms and condition	s stated below.		
Signature & Date:		Company St	amp:	
Please print out and send us	the completed registratio	on form		
■ Fov: (65) 62'	78 0758			

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.