

## 1 day Presentation Skills & Techniques: Storytelling 29th October 2015, 9am to 5pm

Registration Form			
PARTICIPANT'S DETAIL	_S		
Name (Prof/Dr/Mr/Mrs/Ms	5/Mdm):		
Organisation:			
Tel:	Fax:	_ Email:	
Name (Prof/Dr/Mr/Mrs/Ms	:/Mdm):		
<b>Organisation:</b>			
<b>Designation:</b>		Department:	
	Fax:	 Email:	
OURSE DATE: 1 day Pre	sentation Skills & Techniqu	es: Storytellin	g - SGD500 (Nett)
METHOD OF PAYMENT	(Please tick the relevant boxes)		
☐ By Cheque (for local	Cheque made payable to		☐ Request for Invoice
participants only)	'Centre for Behavioral Sci	ience Pte Ltd	(30 days credit term)
☐ By Bank Transfer	Centre for Behavioral Sci	ence Pte Ltd	☐ E-Invoice Sub Bu No
	OCBC Bank, Orchard Br		
	Account Number: 508-76.	3661-001	
ORGANISATION DETAIL			
Organisation:			
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Contact Person:		Designation:	
Tel:	Fax:	Email:	
I understand and accept the	e terms and conditions stated be	elow.	
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Signature & Date:		Company St	amn•
Dignature & Date.		— Company Su	աութ. ———
Please print out and send us t	he completed registration form		
■ Fax: (65) 627	8 9758		
` ,	n 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.