

1 day Body Language & Self Confidence 6th Nov 2015, 9am to 5pm

Registration Form				
PARTICIPANT'S DETAI	LS			
Name (Prof/Dr/Mr/Mrs/M	(s/Mdm):			
Organisation:				
Designation:		Department:		
Γel: Fax:		Email:		
Name (Prof/Dr/Mr/Mrs/M	s/Mdm):			
Organisation:				
Designation:	on:		Department:	
COURSE DATE: 1 day i	Body Language and	Self Confidence - SGD	500 (NETT)	
METHOD OF PAYMENT				
☐ By Cheque (for local participants only)	Cheque made payable to 'Centre for Behavioral Science Pte Ltd		☐ Request for Invoice (30 days credit term)	
□ By Bank Transfer	Centre for Behavioral Science Pte Ltd OCBC Bank, Orchard Branch Account Number: 508-763661-001			
ORGANISATION DETAIL	ILS			
Organisation:				
Address.				
Contact Person:	Designation:			
Tel:	Fax:	Email:		
I understand and accept th		s stated below.		
Signature & Date:		Company St	amp:	
Please print out and send us	the completed registratio	on form		
■ Fax: (65) 62	78 9758			

Fax: (65) 62/8 9/58
 Mail: 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.