

1 day Coping with Internal and External Customers 1&t\ Bcj Ya VYf 2015, 9am to 5pm

	Regist	ration Form		
PARTICIPANT'S DETAIL	S			
Name (Prof/Dr/Mr/Mrs/Ms/	Mdm):			
Organisation:				
Designation:		Department:		
Tel:	Fax:	Email:		
Name (Prof/Dr/Mr/Mrs/Ms/	Mdm):			
Organisation:				
Designation:		Department:	Department:	
COURSE DATE: 1 day C			ners - SGD450 (NETT)	
METHOD OF PAYMENT (Please tick the relevan	t boxes)		
□ 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		□ E-Invoice Sub Bu No ————	
ORGANISATION DETAIL	S			
Organisation:				
Address:				
Contact Person:		Designation:		
Tel:	Fax: Email:			
I understand and accept the				
Signature & Date:		Company St	amp:	
Please print out and send us th	e completed registration	form		

Fax: (65) 6278 9758
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.