

1 day Terrorism and its Urban Targets 13th Nov 2015 (Fri), 9am to 5pm

	Regi	stration Form
PARTICIPANT'		
Name (Prof/Dr/M	Ir/Mrs/Miss/Mdm):	
Designation:		Department:
Tel:	Fax:	Email:
Name (Prof/Dr/M	Ir/Mrs/Miss/Mdm): ———	
Organisation:		
Designation:		Department:
Tel:	Fax:	Email:
COURSE DATE	: 1 day Terrorism and its U	Irban Targets - 13th Nov 2015 (Fri) SGD500 (NETT)
METHOD OF PA	AYMENT (Please tick the releve	ant boxes)
□ By Cheque (for participants only	* * *	
□ By Bank Transfer Centre for Behavioral Science Pte Ltd		havioral Science Pte Ltd
·	OCBC Bank, Orchard Branch Account Number: 508-763661-001	
ORGANISATIO	N DETAILS	
Organisation:		
Address:		
Contact Person:_		
Tel:	Fax:	Email:
I understand and	accept the terms and condition	
Signature & Date:		Company Stamp:
Please print out an	d send us the completed registrati	ion form
• Fax:	(65) 6278 975 8	
Mail:	Program Manager	D4. I 4J
	Centre for Behavioral Science	rte Lta

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 Ptd 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.