

## 1 day Presentation Skills & Techniques: Storytelling 22nd January 2016, 9am to 5pm

Registration Form				
PARTICIPANT'S DETAI	LS			
Name (Prof/Dr/Mr/Mrs/M	s/Mdm):			
Organisation:				
Designation:		Department:		
Tel:	Fax:	Email:		
Name (Prof/Dr/Mr/Mrs/M	s/Mdm):			
Organisation:				
Designation:		Department:	Department:	
COURSE DATE: 1 day Pre	esentation Skills &	Techniques: Storytellin	g - SGD500 (Nett)	
METHOD OF PAYMENT	(Please tick the releva	nt 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			
ORGANISATION DETAI	LS			
Organisation:				
∆ddrecc•				
Contact Person:		Designation:		
Tel:	Fax:	Email:		
I understand and accept the	ne terms and condition	s stated below.		
Signature & Date:		Company Sta	amp:	
Please print out and send us	the completed registration	on form		
` /	78 9758 m Manager			

## 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.

Centre for Behavioral Science Pte Ltd

• 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 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.