

1 day Stress and Wellness Management - Achieving Workplace Wellness & Improve Productivity 28th January 2016, 9am to 5pm

PARTICIPANT'S DETAILS Name (Prof/Dr/Mr/Mrs/Ms/	Mdm).	Registration Form	
Organisation:			
Designation:		Department:	
Tel:	_ Fax:	Email:	
Name (Prof/Dr/Mr/Mrs/Ms/	Mdm):		
Organisation:	,		
Designation:			
COURSE DATE: 1 day St METHOD OF PAYMENT (By Cheque (for local		ant boxes)	□ Request for Invoice
participants only)	•	ehavioral Science Pte Ltd	(30 days credit term)
□ By Bank Transfer	OCBC Bank,	ehavioral Science Pte Ltd Orchard Branch ober: 508-763661-001	□ E-Invoice Sub Bu No ————
ORGANISATION DETAIL	 S		
Organisation:			
Address:			
Contact Person:		Designation:	
Tel:	Fax:	Email:	
I understand and accept the	terms and conditio	ns stated below.	
Signature & Date:		Company Stamp:	
Please print out and send us th	e completed registrat	ion form	
Fax: (65) 6278Mail: Program	3 9758 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.