

Registration Form

PARTICIPANT'S DETAILS

Name (Prof/Dr/Mr/Mrs/Miss/Mdm): _____

Organisation: _____

Designation: _____ Department: _____

Tel: _____ Fax: _____ Email: _____

Name (Prof/Dr/Mr/Mrs/Miss/Mdm): _____

Organisation: _____

Designation: _____ Department: _____

Tel: _____ Fax: _____ Email: _____

COURSE DATE: 1 day Investigative Interview Workshop 28th Feb 2012 (Tue) SGD680 (NETT)

METHOD OF PAYMENT (Please tick the relevant boxes)

By Cheque (for local participants only) Cheque made payable to 'Centre for Behavioral Science Pte Ltd'

By Bank Transfer Centre for Behavioral Science Pte Ltd
OCBC Bank, Orchard Branch
Account Number: 508-763661-001

ORGANISATION DETAILS

Organisation: _____

Address: _____

Contact Person: _____ Designation: _____

Tel: _____ Fax: _____ Email: _____

I understand and accept the terms and conditions stated below.

Signature & Date: _____ Company Stamp: _____

Please print out and send us the 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 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.