

	Regist	tration 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:			
Tel:			
<b>COURSE DATE: 1 day N</b>	Managing Difficul	t Customer-Situation	<u>ns - SGD450 (NETT)</u>
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METHOD OF PAYMENT ( By Cheque (for local participants only)	<i>(Please tick the relevan</i> Cheque made p 'Centre for Beha Centre for Beha OCBC Bank, O	<i>at boxes)</i> ayable to avioral Science Pte Ltd avioral Science Pte Ltd	<ul><li>Request for Invoice</li><li>(30 days credit term)</li></ul>
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METHOD OF PAYMENT ( By Cheque (for local participants only) By Bank Transfer	(Please tick the relevant Cheque made p 'Centre for Beha Centre for Beha OCBC Bank, O Account Numbe	<i>at boxes)</i> ayable to avioral Science Pte Ltd avioral Science Pte Ltd orchard Branch er: 508-763661-001	<ul> <li>Request for Invoice (30 days credit term)</li> <li>E-Invoice Sub Bu No</li> </ul>
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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 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.