

1 day Ultimate Guide for Secretary, PA, & Admin Manager 23th June 2015, 9am to 5pm

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PARTICIPANT'S DETAIL	_S		
Name (Prof/Dr/Mr/Mrs/Ms	s/Mdm):		
Organisation:			
Designation:			
Tel:	Fax:	Email:	
Name (Prof/Dr/Mr/Mrs/Ms	s/Mdm):		
Organisation:			
Designation:		Department:	
			Manager - SGD450 (NETT)
METHOD OF PAYMENT	(Please tick the relevan	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		□ E-Invoice Sub Bu No ————
ORGANISATION DETAIL	L S		
Organisation:			
Address:			
Contact Person:		Designation:	
Tel:	Fax:	Email:	
I understand and accept the	e terms and conditions	s stated below.	
Signature & Date:		Company Sta	nmp:
Please print out and send us the	he completed registratio	n form	
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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.