

PARTICIPANT'S DETAILS      Name (Prof/Dr/Mr/Mrs/Ms/Mdn      Organisation:      Designation:      Tel:      Name (Prof/Dr/Mr/Mrs/Ms/Mdn      Organisation:      Designation:      Tel:      Instruction:      Designation:      Designation:      Instruction:      Tel:      Instruction:      Instruction: </th <th>Sax:      n):</th> <th> Department:  Email:</th> <th></th>	Sax:      n):	Department: Email:	
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COURSE DATE: 1 day Mind	Your Faalish Laagu	ane and Gramma	r Brush Un – SGD450 (
METHOD OF PAYMENT (Plea			
□ By Cheque (for local	Cheque made payable	to	□ Request for Invoice
participants only)	'Centre for Behavioral	l Science Pte Ltd	(30 days credit term)
□ By Bank Transfer	Centre for Behavioral Science Pte Ltd		□ E-Invoice Sub Bu No
	OCBC Bank, Orchard Branch Account Number: 508-763661-001		
ORGANISATION DETAILS			
Organisation:			
Address.			
Contact Person:		<b>Designation:</b>	
Tel:	Fax:	Email:	

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.