

	<b>Registration Fo</b>	rn
PARTICIPANT'S DETA	ILS	
Name (Prof/Dr/Mr/Mrs/M	Is/Mdm):	
Organisation:		
Designation:		Department:
Tel:	Fax:	Email:
Name (Prof/Dr/Mr/Mrs/N	Is/Mdm):	
Organisation:		
		Department:
		Email:
COURSE DATE: 1 day	Mastering Supervisory and	Leadership Skills - SGD450 (NETT
METHOD OF PAYMEN	$\Gamma$ (Please tick the relevant boxes)	
□ By Cheque (for local	Cheque made payable to	□ Request for Invoice
participants only)	'Centre for Behavioral Science	ce Pte Ltd (30 days credit term)
□ By Bank Transfer	Centre for Behavioral Science	ce Pte Ltd <sup> </sup>
	OCBC Bank, Orchard Brand Account Number: 508-76366	
		1-001
<b>ORGANISATION DETA</b>		
Address:		
Contact Person:		Designation:
Tel:	Fax:	Email:
I understand and accept t	he terms and conditions stated below	V.
Signature & Date:		Company Stamp:
Please print out and send us	the completed registration form	
	278 9758	
• Fax: (65) 62		
Mail: Progra	m Manager for Behavioral Science Pte Ltd	

## 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.