

Registration Form

PARTICIPANT'S DETAILS

Name (Prof/Dr/Mr/Mrs/Ms/Mdm): \_\_\_\_\_

Organisation: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name (Prof/Dr/Mr/Mrs/Miss/Mdm): \_\_\_\_\_

Organisation: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

COURSE DATE: 1 day **Mastering People-Supervision Skills** - SGD500 (NETT)

METHOD OF PAYMENT (*Please tick the relevant boxes*)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> By Cheque (for local participants only) | Cheque made payable to<br>'Centre for Behavioral Science Pte Ltd                                     | <input type="checkbox"/> Request for Invoice<br>(30 days credit term) |
| <input type="checkbox"/> By Bank Transfer                        | Centre for Behavioral Science Pte Ltd<br>OCBC Bank, Orchard Branch<br>Account Number: 508-763661-001 | <input type="checkbox"/> E-Invoice Sub Bu No<br>_____                 |

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 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.