

Registration Form

PARTICIPANT'S DETAILS

Name (Prof/Dr/Mr/Mrs/Miss/Mdm): _____

Organisation: _____

Designation: _____ **Department:** _____

Tel: _____ **Fax:** _____ **Email:** _____

Name (Prof/Dr/Mr/Mrs/Miss/Mdm): _____

Organisation: _____

Designation: _____ **Department:** _____

Tel: _____ **Fax:** _____ **Email:** _____

COURSE DATE: 1 Day Crisis Counselling - 18th Dec 08 (Thurs), 9am to 5pm

METHOD OF PAYMENT (Please tick the relevant boxes)

By Cheque (for local participants only) Cheque made payable to Centre for Behavioral Science Pte Ltd

By Bank Transfer Centre for Behavioral Science Pte Ltd
OCBC Bank, Orchard Branch
Account Number: 508-763661-001

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) 6720 2222
- **Mail:** Programme Manager
Centre for Behavioral Science Pte Ltd
100 Orchard Road, #03-08, Concorde Hotel, Singapore 238840

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, 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.**