

## 1 day Mastering People-Supervision Skills 20th May 2015, 9am to 5pm

Registration Form			
PARTICIPANT'S DETAIL			
Name (Prof/Dr/Mr/Mrs/Ms/	Mdm):		
Organisation:			
Designation:		<b>Department:</b>	
Tel:	Fax:	Email:	
Name (Prof/Dr/Mr/Mrs/Mis	s/Mdm):		
Organisation:			
· · · · · · · · · · · · · · · · · · ·			
	Fax:		
METHOD OF PAYMENT (	Sestering People-Supervision (Please tick the relevant boxes)	Skills - SGD5	
☐ By Cheque (for local participants only)	Cheque made payable to 'Centre for Behavioral Scion	ence 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		
ORGANISATION DETAIL	S		
Organisation:			
Address:			_
Contact Person:		Designation:	
Tel:	Fax:	 Email:	
I understand and accept the	terms and conditions stated bel	ow.	
Signature & Date:		Company Sta	amp:
Please print out and send us th	e completed registration form		
■ Fax: (65) 6278 ■ Mail: Program	3 9758 Manager		

## 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.

Centre for Behavioral Science Pte Ltd

• No refund can be made for cancellation less than 14 days prior to the event date.

1003 Bukit Merah Central, #06-13 Inno Centre, Singapore 159836

• 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.