

	Regis	stration For m		
PARTICIPANT'S DETAIL	_S			
Name (Prof/Dr/Mr/Mrs/Ms	/Mdm):			
Organisation:				
Designation:		Department:		
Tel:	— Fax:	Email:		
Name (Prof/Dr/Mr/Mrs/Ms	/Mdm):			
Organisation:				
Designation:				
Tel:				
OURSE DATE: 1 day Co			<u>isiness - SGD450 (Neti</u>	
METHOD OF PAYMENT	(Please fick the releval	nt boxes)		
□ By Cheque (for local			□ Request for Invoice	
participants only)	'Centre for Bel	havioral Science Pte Ltd	(30 days credit term)	
By Bank Transfer		Centre for Behavioral Science Pte Ltd ^C E-Invoice Sub Bu No		
		Orchard Branch ber: 508-763661-001		
ORGANISATION DETAIL				
Organisation:	_			
Address:				
Contact Person:		Designation:		
Tel:	Fax:	Email:	Email:	
I understand and accept the	e terms and condition	s stated below.		
Signature & Date:		Company St	Company Stamp:	
Please print out and send us th	ne completed registration	on form		
• Fax: (65) 627	8 9758			
	n Manager			
Centre f	or Behavioral Science F		- 000 <i>-</i>	
1003 Bu	kit Merah Central, #06	-13 Inno Centre, Singapore 1	59836	
TERMS AND CONDITIONS				
_	-	ned upon receipt of registration	on form and full payment.	
	•	D 200.00 administration fee. cellation less than 14 days pric		

• 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.