

2 day Combating Fraud: 360 Degrees in Fraud Risk Management 27 & 28 July 2015, 9am to 5pm

	Registration F	orm	
PARTICIPANT'S DETA	LS		
Name (Prof/Dr/Mr/Mrs/M	(s/Mdm):		
Organisation:			
Designation:		Department:	
Tel:	— Fax:	Email:	
Name (Prof/Dr/Mr/Mrs/M	(s/Mdm):		
Organisation:			
Designation:		Department:	
Tel:	Fax:		
) URSE DATE: 2 day Co	mbating Fraud - 360 Degrees	in Fraud Risk	Mmgt SGD850 (Nett)
METHOD OF PAYMENT	(Please tick the relevant boxes)		
□ By Cheque (for local	Cheque made payable to		□ Request for Invoice
participants only)	'Centre for Behavioral Scie	nce Pte Ltd	(30 days credit term)
□ By Bank Transfer	Centre for Behavioral Scie	nce Pte Ltd	□ E-Invoice Sub Bu No
·	OCBC Bank, Orchard Bra Account Number: 508-763		
ORGANISATION DETA	ILS		
Organisation:			
Address:			
Contact Person:		Designation:	
Tel:	Fax:	Email:	
I understand and accept tl	ne terms and conditions stated bel	DW.	
Signature & Date:		_ Company Sta	amp:
Please print out and send us	the completed registration form		
• Fax: (65) 62	78 9758		
Mail: Progra	m Manager		
	for Behavioral Science Pte Ltd	4 0	-0026
1003 B	ukit Merah Central, #06-13 Inno Cer	tre, Singapore 1:	59836
TERMS AND CONDITION		aint of mainten t	n form and full
8	ation will only be confirmed upon rec cellation will carry a SGD 200.00 adn	- 0	on form and full payment.

- 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.