

	Registratio	on Form	
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:		Department:	
Tel:			
	Winning and Retaining C		
	(Please tick the relevant boxe	?\$)	
□ By Cheque (for local	Cheque made payable		Request for Invoice
participants only)	'Centre for Behaviora	l Science Pte Ltd	(30 days credit term)
□ By Bank Transfer	Centre for Behavioral	Centre for Behavioral Science Pte Ltd	
	OCBC Bank, Orchard		
	Account Number: 508	-/03001-001	
ORGANISATION DETAIL			
Organisation: Address:			
Contact Person:		Designation:	
Tel:	Fax:	Email:	
I understand and accept the	e terms and conditions stated	l below.	
Signature & Date:			amp:
0		Ĩ	
Please print out and send us th	he completed registration form		
• Fax: (65) 627	8 9758		
0	ram Manager		
	or Behavioral Science Pte Ltd kit Merah Central, #06-13 Inn	o Centre. Singanore 14	59836
	Mu 19101 an Constat, #00-13 IIII	o centre, singapore I.	
TERMS AND CONDITIONS	(f J f 1 f
8	tion will only be confirmed upo		on 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.