

		an oopt 2010, bain t	e opin
	Registrat	tion 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:			
Tel:			
<b>COURSE DATE: 1 day N</b>	lind Your English Lang	juage and Gramma	nr Brush Up  - SGD450 (I
METHOD OF PAYMENT	(Please tick the relevant bo	xes)	
□ By Cheque (for local	Cheque made payable to		□ Request for Invoice
participants only)	'Centre for Behavioral Science Pte Ltd		(30 days credit term)
By Bank Transfer	Centre for Behavioral Science Pte Ltd		□ E-Invoice Sub Bu No
	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	e terms and conditions stat	ted below.	
Signature & Date:	Company Sta		tamp:
Please print out and send us th	ne completed registration for	m	

- Fax: (65) 6278 9758
  Mail: Program Manager
  - Centre for Behavioral Science Pte Ltd 1003 Bukit Merah Central, #06-13 Inno Centre, Singapore 159836

## **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 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.