

	Registra	ation Form	
PARTICIPANT'S DETAI	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:		Denortment:	
Tel:	Fax:		
OURSE DATE: 1 day Infl	luential Writing - SGD	500 (Nett)	
METHOD OF PAYMENT			
□ 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 CCBC Bank, Orchard Branch Account Number: 508-763661-001		
ORGANISATION DETAI	LS		
Organisation:			
Address:			
Contact Person:		Designation:	
Tel:	Fax: Email:		
I understand and accept th	e terms and conditions sta	ated below.	
Signature & Date:	Co		amp:
Please print out and send us t	the completed registration fo	orm	
• Fax: (65) 62'	78 9758		
	m Manager for Behavioral Science Pte I	4.3	
	for Behavioral Science Pte I ukit Merah Central, #06-13]		59836
		, U	
TERMS AND CONDITIONS • Registra	S ation will only be confirmed a	upon receipt of registratio	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.