

	Regi	stration Form		
PARTICIPANT'S DE	FAILS			
Name (Prof/Dr/Mr/Mrs	s/Ms/Mdm):			
Organisation:				
Designation:		Department:		
Tel:	Fax:	Email:		
Name (Prof/Dr/Mr/Mrs	s/Ms/Mdm):			
Organisation:				
Designation:		Department:		
	Fax:			
COURSE DATE: 1 da	ay Powerful Email Te	chniques - SGD450 (NE	TT)	
METHOD OF PAYME	ENT (Please tick the releve	ant boxes)		
□ By Cheque (for local	Cheque made	payable to	Request for Invoice	
participants only)	'Centre for Be	ehavioral Science Pte Ltd	(30 days credit term)	
□ By Bank Transfer	Centre for Be	havioral Science Pte Ltd	E-Invoice Sub Bu No	
		Orchard Branch ber: 508-763661-001		
ORGANISATION DE	TAILS			
Organisation:				
Address:				
Contact Person:		Designation:		
Tel:	Fax:	Email:		
I understand and accep	ot the terms and condition	ns stated below.		
Signature & Date:		Company St	Company Stamp:	
Please print out and send	us the completed registrati	on form		
) 6278 9758			
	Program Manager Centre for Behavioral Science Pte Ltd			
		5-13 Inno Centre, Singapore 15	59836	
TERMS AND CONDITIO	ONS			
		med upon receipt of registration	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.