

## 1 day Developing Emotional Resilience for Success 15th January 2016, 9am to 5pm

Registration Form			
PARTICIPANT'S DETAILS			
Name (Prof/Dr/Mr/Mrs/Ms/Md	m):		
Organisation:			
Designation:		Department:	
<b>Tel:</b> ]	Fax:	Email:	
Name (Prof/Dr/Mr/Mrs/Ms/Md	m):		
Organisation:			
<b>D I</b> <i>I</i>			
Tel:			
COURSE DATE: 1 day Devel	loping Emotional	Resilience for Succe	ss - SGD500 (NETT)
METHOD OF PAYMENT (Plea	<i>use tick the relevant b</i>	boxes)	
□ By Cheque (for local	Cheque made pay	able to	□ Request for Invoice
participants only) 'Centre for Behavioral S			(30 days credit term)
□ By Bank Transfer		oral Science Pte Ltd	□ E-Invoice Sub Bu No
	OCBC Bank, Orcl Account Number:		
ORGANISATION DETAILS			
Organisation:			
Address			
Contact Person:		Designation:	
Tel:	Fax:	Email:	
I understand and accept the terr	ms and conditions st	ated below.	
Signature & Date:		Company Sta	amp:
Please print out and send us the co	mpleted registration f	orm	
■ Fax: (65) 6278 975	58		
<ul> <li>Mail: Program Ma</li> </ul>	nager		
	ehavioral Science Pte I Ierah Central, #06-13	Ltd Inno Centre, Singapore 15	9836
TERMS AND CONDITIONS			
Registration v	-	upon receipt of registratio	n form and full payment.
	·	00.00 administration fee. tion less than 14 days prio	r to the event date
• INO FETURIO CAR	i be made for cancella	uon iess inan 14 uays prio	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.