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**Registration Form**

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**PARTICIPANT'S DETAILS**

Name (Prof/Dr/Mr/Mrs/Ms/Mdm): \_\_\_\_\_

Organisation: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name (Prof/Dr/Mr/Mrs/Ms/Mdm): \_\_\_\_\_

Organisation: \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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**COURSE DATE: 1 day Wooing Unhappy Customers in Service Recovery - SGD450 (NETT)**

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**METHOD OF PAYMENT** *(Please tick the relevant boxes)*

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|--|--|---|
| <input type="checkbox"/> By Cheque (for local participants only) | Cheque made payable to<br>'Centre for Behavioral Science Pte Ltd                                     | <input type="checkbox"/> Request for Invoice<br>(30 days credit term) |
| <input type="checkbox"/> By Bank Transfer                        | Centre for Behavioral Science Pte Ltd<br>OCBC Bank, Orchard Branch<br>Account Number: 508-763661-001 | <input type="checkbox"/> E-Invoice Sub Bu No<br>_____                 |
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**ORGANISATION DETAILS**

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Designation: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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I understand and accept the terms and conditions stated below.

Signature & Date: \_\_\_\_\_ Company Stamp: \_\_\_\_\_

Please print out and send us the completed registration form

- 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.