

REGISTRATION FORM

Course Title : _____

Delegate 1

Name (Mr/Ms): _____

Job Title: _____

Email: _____

Contact No: _____

Delegate 2

Name (Mr/Ms): _____

Job Title: _____

Email: _____

Contact No: _____

Delegate 2

Name (Mr/Ms): _____

Job Title: _____

Email: _____

Contact No: _____

AUTHORIZED APPROVAL/ HR MANAGER : _____

Job Title : _____ Email: _____

COMPANY NAME: _____

Address : _____

Tel : _____ Fax : _____

AUTHORIZED APPROVAL / HR MANAGER Signature : _____

Company Stamp : _____ Invoice Attention To : Mr/Ms _____

Terms & Conditions

1. Receipt of Form confirms that place/s has/ve been booked for the named program
2. Payment must follow (1.) and must be received 7 working days before start of program
3. No refunds unless 8 days notice. We advice substitute dates.
4. The organizer reserves the right to alter/amend/change of program/venue/facilitators/modules

HOW DID YOU HEAR OF THIS EVENT?

Email

Friends/Colleague/etc - Please state

Others

Workshop Investment RM Per Participant
<i>This investment includes lunch, refreshments and training materials. The program is HRDF claimable - subject to HRDF approval.</i>
<p>Group Discount of 10% if 3 or more participants who are from the same organization and who register at the same time.</p>

To REGISTER:

All cheques are payable to:
ASIANKOM COMMUNICATION SDN. BHD.

We are enclosing cheque of RM _____

Please mail Cheque with this completed form to:
ASIANKOM COMMUNICATION SDN. BHD.
 A-5-2 Jalan 2/142A, Megan Phoenix, off Jalan Cheras
 56000 Kuala Lumpur
 Tel : 03-9106 1188 Fax : 03-9106 1177

Office Use only: Contact Person : _____ Invoice Number: _____
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