

Course / Exam Registration Form

Particulars

FULL NAME¹: (MR./MS.) _____
 TITLE: _____ COMPANY²: _____
 ADDRESS: _____ POSTAL CODE: _____
 TELEPHONE: (HP) _____ TELEPHONE: (O) _____ FAX: _____
 E-MAIL ADDRESS: _____
 COURSE LOCATION: _____ DATE OF CLASS/EXAM: _____

DRI Courses / Exam (Check all that apply)

	Price	GST [^]	Total
<input type="checkbox"/> Associate Business Continuity Professional (BCLE-2000)(5 day course + exam) <i>* Please note that the exam will be on the 5th day afternoon</i>	S\$4,500	S\$315	S\$4,815

[^] Prevailing GST 7% is not applicable to foreign companies and foreign individuals

CITREP information (For Singaporeans or Singapore PR only)

Applying for CITREP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, check an option <input type="checkbox"/> Individual <input type="checkbox"/> Organization NRIC: _____	¹ : Please ensure name in particulars is as reflected on NRIC ² : Please enter specific organization entity name
--	---	---

Payment Information (Please check one)

Invoice Cash Cheque* Credit Card (Visa & Mastercard only)

Company Address (if not same as above): _____

Cheque/Credit Card Number: _____ Amount: _____

Remarks: _____

*Cheque should be made payable to CCS Enterprise (S) Pte Ltd

Special Dietary Requirements (Please check one if required)

Halal Vegetarian No beef N.A.

How did you find out about this course? (Please check one)

Internet Search Email Advertisement Exhibitions & Events From Friends Others (Please specify) _____

<p>I Agree to the terms and conditions</p> <p><i>Please note - If cancelled less than 2 weeks prior to course date, you will be responsible for course fees & no refunds will be made.</i></p>	<p>Company Stamp</p> <p>_____</p>	<p>Signature & Date</p> <p>_____</p>
---	--	---