



Course Registration Form

Particulars

FULL NAME¹: (MR./MS.) _____ TITLE: _____

SPONSORING ORGANISATION: _____

MAILING ADDRESS: _____

_____ POSTAL CODE: _____ COUNTRY: _____

TELEPHONE: (HP) _____ TELEPHONE: (O) _____ FAX: _____

E-MAIL ADDRESS: _____ CLASS DATE: _____

¹: Please ensure name in particulars is as reflected on NRIC. Please underline surname

DRI Course Enrolment

Please check an option

	Price	GST	Total
<input type="checkbox"/> Associate Business Continuity Professional (BCLE-2000)(5 day course + exam) [^] (Enhanced CITREP endorsed)	S\$4,500 ^{^^}	S\$315	S\$4,815
<input type="checkbox"/> BCLE-2000 (4 Day Course with NO Exam (NOT Enhanced CITREP endorsed))	S\$3,500	S\$245	S\$3,745

[^] Exam will be on Day 5. ^{^^} Price does not include ABCP/CBCP application fee payable to DRII. Prevailing GST 7% is not applicable to foreign companies and foreign individuals

CITREP Application (For Singaporeans or Singapore PR only)

Applying for CITREP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, applied by <input type="checkbox"/> Individual NRIC: _____ <input type="checkbox"/> Organization Org Name: _____
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Payment Method (Please check one)

Organisation Cheque
 Personal Cheque
 Cash
 Credit Card**

Company Address (if not same as above): _____

Cheque Number: _____ Amount: _____

Remarks: _____

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

** We accept Visa/Master/Amex. For Online American Express Card Payment, please obtain a Credit Card Payment Authorisation Form.

Special Dietary Requirements (Please check one if required)

Halal
 Vegetarian
 No beef

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

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

I Agree to the terms and conditions

No refunds will be made if cancellation is made less than 2 weeks prior to course start date

Company Stamp

Signature & Date
