

Course 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: _____

¹: Please ensure name in particulars is as reflected on NRIC ²: Please enter specific organization entity name

DRI Courses / Exam (Check all that apply)

Please check an option

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

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

CITREP information (For Singaporeans or Singapore PR only)

Applying for CITREP?

- Yes
 No

If Yes, check an option

- Individual NRIC: _____
 Organization

Payment Information (Please check one)

- Invoice Cash Cheque* 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 N.A.

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 date

Company Stamp

Signature & Date