

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"/> Business Continuity Planning (BCP-501)(3 day course + exam) <i>* Please note that the exam will be on the 3rd day afternoon</i>	S\$2,800	S\$196	S\$2,996

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

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) _____

I Agree to the terms and conditions

Please note - If cancelled less than 2 weeks prior to course date, you will be responsible for course fees & no refunds will be made.

Signature / Date