

BCLE2000 Course Registration Form (v2024.01)**Trainee's Particulars**

NAME (Pls underline Surname): _____ (Mr/Ms/Mdm)

DRII ID (IF ANY): _____ POSITION: _____

BILLING ORGANISATION : _____

BILLING ADDRESS: _____

E-MAIL: _____ PHONE:(HP) _____ PHONE: (O) _____

Point of Contact for Registration & Payment (if different from above)

Name: _____ Phone: _____ Email: _____

Class Registering

Course ID	Class Date (Please Specify)	Fee (Qualifying Exam Included)
BCLE2000	____ / ____ / ____ to ____ / ____ / ____	S\$4,200

Payment Method (Please check one) Paynow Interbank / Wire Transfer

Remarks: _____

How did you find out this course? Internet Search Email/Mail Advertisement Exhibitions & Events Friends Others _____

I Agree to the terms and conditions

Company Stamp

Signature & Date

To register, please fill up and email this registration form to: DRII's Singapore representative – CCS Enterprise (S) Pte Ltd

E-Mail: training@DRI-Singapore.org

Class sizes are limited; participants are encouraged to register early.