SBL Scheme

REGISTRATION FORM

A. CONTACT PERSON PARTICULARS (To be completed in BLOCK LETTERS)

Full Name (Mr/Ms) : _____ Position : _____

Name of Company : _____

Permanent Address : _____

Correspondence Address : _____
(if different from permanent address)

Tel No. (O) : _____ Ext : _____ Fax No. : _____

E-mail Address : _____ H/P No : _____

B. TRAINING PROGRAMME / COURSE DETAILS

Course Title   : _____

Date   : _____

Venue   : Will notify the company once programme is confirmed

C. PARTICIPANT DETAILS (To be filled completely will full name. Name written will appear in Certificate of Completion/Attendance)

No.	Name	Department	Position / Designation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

D. COURSE FEES

Total number of participants   : _____ pax   Course fee per participant   : RM _____ / pax

Total course fees   : RM _____

PAYMENT ADVICE:
Enclosed cheque / bank draft No. _____ for RM _____ being payment for _____ participant(s) made

in favour of **" CQE TRAINING & CONSULTANCY PLT "**.

Please fax or email the registration form to :
Mr. Eddie Kuang / Ms. Michelle Khoo. Fax : +(605) 805 2721   Tel : +(605) 805 2722   M : +(6012) 505 2720 / +(6012) 502 2720
No. 46, Lorong Bintang, Taman Tasik Permai, 34000 Taiping. Perak Darul Ridzuan. Malaysia.
Email : custcare@cqetraining.com   or   kuangkh@cqetraining.com

❖   Any cancellation of registration upon confirmation less than 5 days, a sum of RM250.00 will be charged.
❖   If a participant is unable to attend , a replacement is Welcome . However, fees is not refundable.
❖   CQE Training & Consultancy Plt reserves the right to change the course date , speaker (s) and venue if it deemed necessary.