

REGISTRATION FORM

Company's Name :
Name & Address/ :
Personal Address :

Date :
Tel :
Fax :

To:

I wish to confirm the following staff from my company for the course/courses below:

Course/Courses:
Training Dates :
Course Fees :

NO.	NAME	I/C NO.	DESIGNATION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Kindly proceed with the training as scheduled. Thank you.

Yours sincerely,

Company's chop:

Name: _____

Position: _____

Note: Payment and name list must be submitted five days before training commences. No changes are allowed once confirmation is received. Should you be unable to attend, substitute or replacement participant is welcome at no extra cost. A 50% off the standard course fee will be charged if written notice of cancellation is received less than 7 days before the event. A 15% off the standard course fee will be charged if written notice of postponement is received less than 3 days before the event.

Please cross your cheque to **ArcNet Training & Development Sdn Bhd**
 COURSE FEE(S) PAID ARE NOT REFUNDABLE

ArcNet Training & Development Sdn Bhd
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