

REGISTRATION FORM

COURSE INFORMATION		
Course Name		
Training Date		
COMPANY INFORMATION		
Company Name:		
Address :		
Telephone:	Fax:	
Contact Person (Training / HR) Name:	Tel: Email:	
Contact Person (Billing) Name:	Tel : Email:	
PARTICIPANTS LIST		
NAME	NRIC	DESIGNATION/JOB FUNCTION

TERMS AND CONDITIONS

- Please filled-up the form and email to info@mindasys.com or fax to 03-2116 5999 for your registration.
- We will issue an official invoice upon receiving your registration form.
- To confirm your seat, please make full payment once you received our invoice or 14 days before the training date.
- Payable to **Mind Matrix Sdn Bhd** Bank: **Maybank** Acc No: **5620 2161 3133**
- We reserve the right to cancel/reschedule/postpone any courses with insufficient registration.

I/We hereby confirm that the above particulars are in order.

APPROVED BY

Name:

Official Stamp:

Designation:

Date: