

REGISTRATION FORM

Course Title: _____

Start Date: _____ End Date: _____ Duration: _____ Fees _____

No.	Participant's Names	Computer Platform
1.		<input type="checkbox"/> Macintosh <input type="checkbox"/> Windows
2.		<input type="checkbox"/> Macintosh <input type="checkbox"/> Windows
3.		<input type="checkbox"/> Macintosh <input type="checkbox"/> Windows
4.		<input type="checkbox"/> Macintosh <input type="checkbox"/> Windows
5.		<input type="checkbox"/> Macintosh <input type="checkbox"/> Windows
6.		<input type="checkbox"/> Macintosh <input type="checkbox"/> Windows
7.		<input type="checkbox"/> Macintosh <input type="checkbox"/> Windows
8.		<input type="checkbox"/> Macintosh <input type="checkbox"/> Windows
9.		<input type="checkbox"/> Macintosh <input type="checkbox"/> Windows
10.		<input type="checkbox"/> Macintosh <input type="checkbox"/> Windows

Terms & Conditions

1. Registration form must be completed in full and forwarded with the course fees at least 7 working days prior to the course commencement date.
2. Teras One Solution Sdn Bhd reserves the right to make appropriate changes to its trainer, course schedule and course outline if it deems necessary. However, participant(s) will be notified of the changes in the course schedule in advance.
3. Course fees will be refunded in full for any withdrawal from the course provided a written notice is received at least 1 month before the course commences. Refund is inapplicable after the latter date. Any substitute of participant(s) is accepted.
4. If withdrawal is done in less 2 weeks before the course commences, a 50% of the course cancellation fee will be imposed.

I, _____ agree to abide by the above Terms & Conditions and wish to enrol our staff/colleague(s) for the above course(s).

Enclosed is a cheque of RM _____ made payable to 'Teras One Solution Sdn Bhd'. Please indicate "Course Title & Date" on the reserved side of your cheque and mail it to 32, 34 & 36 Jalan Bangsar Utama 1, Bangsar Utama, 59000 Kuala Lumpur

Company Name: _____

Company Address: _____

Department: _____ Designation: _____

Email Address: _____

Telephone Number: _____ Fax Number: _____

Date: _____

Authorised Signature & Company Stamp