

REGISTRATION FORM

Company's
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			
11			
12			
13			
14			
15			

Kindly proceed with the training as scheduled. Thank you.

Yours sincerely,

Name: _____

Position: _____

Company's chop:

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 10% 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**
Cost fee paid is not refundable

ArcNet Training and Development Sdn. Bhd.

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