

REGISTRATION FORM

PROGRAMME TITLE : _____
Course Code : _____
Date of Programme : _____

COMPANY DETAILS

Name of Company: : _____
Address: : _____

Contact Person: : _____
Telephone: : _____ Fax : _____ Email : _____

PARTICIPANT'S DETAILS

Number of Participants: : _____

Name	Designation	Email
1. Mr/Ms	_____	_____
2. Mr/Ms	_____	_____
3. Mr/Ms	_____	_____
4. Mr/Ms	_____	_____
5. Mr/Ms	_____	_____

Approving Manager's Name : _____
Designation: : _____ Tel : _____ Email : _____

Signature: : _____
Date: : _____

PAYMENT DETAILS: : _____
Cheque/Bank Draft No: : _____ Amount : _____

Credit Card Details (American Express/Visa/Master Card) Card No. : _____

Name on Card : _____ Expiry Date:(MM/YY) _____

Signature (For Credit Card Payment) : _____

REGISTRATION POLICIES

- Registration will only be confirmed upon payment.
- Please make cheque payable to Persona Solutions (Malaysia) Sdn Bhd & marked A/C Payee Only.
- Payment must be received 10 working days prior to the commencement of the programme.
- There will be no refund for cancellation. Substitution of participant may be allowed provided notification is given 7 days prior to the commencement of the programme.



ALL ICT Group of Companies

68-2, 1st Floor, Jalan PJU 8/5B, Damansara Perdana, 47820 Petaling Jaya.

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