



BUSINESS COMMUNICATION

STUDIO

EVENT REGISTRATION FORM

EVENT INFORMATION

Event Title: Critical Thinking Skills to Take Charge of Our Workplace Productivity

Date & Time of Event: 24 October 2019, Thursday, 9-5pm

Event Fees: SGD \$590 nett per person

Contact Representative: Please e-mail completed form to Lily at training@businesscommunicationasia.com
Main Line: +65 9823 6920

REGISTRANT 1 INFORMATION

Full Name (to be printed on Certificate):

Contact Number:

Department & Job Title:

Dietary Requirements: None/Halal/Vegetarian/Others

Email Address:

REGISTRANT 2 INFORMATION

Full Name (to be printed on Certificate):

Contact Number:

Department & Job Title:

Dietary Requirements: None/Halal/Vegetarian/Others

Email Address:

BILLING CONTACT PERSON

Full Name:

Department & Job Title:

Contact Number:

Email Address:

Company Name:

UEN/ROC Number:

Company Address:

Payment Choice (please tick):

- GIRO/Bank Transfer
- Cheque (payable to "Business Communication Studio")
- E-Invoice via Vendors@GOV for Government Agencies (please provide Sub-BU Code & who to attention to):



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REGISTRATION / PAYMENT TERMS 2019

Upon submission of this form, it is acknowledged that:

1. The total event fees will be payable by the Registrants and their Company. The fees must be paid to “Business Communication Studio” within 30 calendar days from the date of the e-invoice.
2. The Registrants are able to attend this event. If they are unable to in due course, their substitutes are welcome to attend. Absentees and no-shows are still required to pay for the total event fees.
3. The Event Organiser reserves the right to cancel, reschedule, or change the venue of the event due to circumstances such as if the minimum class size is not met. Notice will be given to the Registrants as soon as is reasonably practicable. No payment will be required if the event is cancelled.

We thank you for your time, support and understanding.

Our Company and Registrants hereby agree to the terms and conditions stated above:

Signatory's Name:

Signature & Company Stamp:

Company Name:

Date: