



COURSE REGISTRATION FORM

Company : _____
 Address : _____
 _____ Singapore (_____)
 Phone : _____ Ext _____ Fax: _____
 Email : _____
 Contact Person : Mr / Ms _____
 Supervisor : Mr / Ms _____ Fax: _____

Course Title : _____
 Course Duration : Time: 9am-5pm / Date: _____ to _____
 Department : _____

Participant(s)

1. Mr / Ms _____ 4. Mr / Ms _____
 2. Mr / Ms _____ 5. Mr / Ms _____
 3. Mr / Ms _____ 6. Mr / Ms _____

Note:

- » Please ensure that payment is made prior to course commencement.
- » Please use 1 form for each course.
- » As there are limited seats for each course, 50% of the full course fee will be charged for cancellation or no show made less than 5 working days prior to course commencement.
- » PDS reserves the right to cancel, reschedule, or relocate courses.

Signature & Company Stamp

Please fax your completed course registration form to: (65) 67362028

All applicants will receive a course confirmation letter via fax/ email.
 For more information, please call (65) 6732 9818 (Singapore)

DS Official Use: _____	Confirmation Status: _____
Sales Rep: _____	Invoice #: _____
Course Fee: _____	No. of seats: _____
P.O. # _____	Remarks: _____
S.O. # _____	Confirmed by: _____ Date: _____

