

Please fax Registration Form to: PUSAT LATIHAN TEKNOLOGI MAKLUMAT SARAWAK

Attention : Jean Sim Silvia Philip

Fax No: 082-668699

REGISTRATION FORM

(To register, please complete part 1 to 5)

1. Company Information

Company	<input type="checkbox"/> Government Agencies <input type="checkbox"/> PSMB Registered Employers <input type="checkbox"/> Non - PSMB Registered Employers	Tel:
Address		Fax:
Contact Person		Designation:

2. Course Information (*Please refer to SAINS Computer / Geomatics Training Programme)

No	Training Date	Course Title	No. of Pax(s)	Fees/ Pax (RM)	Duration (Days)	Total Fees (RM)
1.						
2.						
3.						
Total Amount						

The fee includes refreshment and course material.

Certificate of Attendance will be presented upon completion of course.

Course Venue : Pusat Latihan Teknologi Maklumat Sarawak , Kota Samarahan

Time : 8.30 am - 4.30 pm

3. Participant(s) Information

No.	Participant Name	Designation	Meal Choice
1.			<input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-Vegetarian
2.			<input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-Vegetarian
3.			<input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-Vegetarian

4. Methods of Payment

Cash Cheque Service Order Purchase Order

Payment should be made payable to **Sarawak Information Systems Sdn. Bhd.** to RHB Account No: 21121250109185 and admittance will only be permitted upon receipt of full payment. Registration can be made via fax.

5. Authorization

Authorized signature _____ Company Chop / Stamp :

Name : _____

Designation : _____

Date : _____

Cancellations & Transfers:

- Full payment must be made **SEVEN (7)** days prior to the course
- If cancellation occurs less than **FIVE (5)** working days from the course delivery, the FULL training fees for the course will be charged
- A substitute delegate is welcome at no extra charge if you are unable to attend. Kindly provide name and title of substitute delegate prior to the course

Disclaimer :

SAINS reserves the right to cancel the event should circumstances beyond its control arise. In the event of such a cancellation, SAINS will refund in full all payments received. SAINS also reserves the right to make alternative arrangements without prior notice should it be necessary to do so. Upon signing the registration form, you are deemed to have read and accepted the terms and conditions.

FOR OFFICIAL USE ONLY (* To be filled in by SAINS Training Officer)

Date Received : _____

Total Amount : RM _____

Discount : RM _____

Net Amount : RM _____

Cash / Cheque / Service Order / Purchase Order No. : _____

Signature & Name