

APPLICATION FORM

GENERAL & SBL PROGRAMME

PROGRAMME DETAIL

Early Bird Registration	Group Registration	Normal Registration
<input type="checkbox"/> RM1,100 /pax inclusive of SST	<input type="checkbox"/> RM980 /pax inclusive of SST	<input type="checkbox"/> RM1,350 /pax inclusive of SST

* For public programme use only

Programme code : EK12	Programme title : 8D PROBLEM SOLVING
Venue :	Date : Duration : 2 day(s)

ORGANISATION DETAIL

Name and address of organisation: MyCoID:	Contact person :
	Department :
	Telephone no. : Ext:
	Fax no. :
	E-mail :

PARTICULARS OF PARTICIPANT(S)

Name	NRIC / Passport No	Department	Designation	E-mail
1.				
2.				
3.				
4.				
5.				

(Please attach separate sheet if the space provided is insufficient)

TERMS & CONDITIONS

By signing this form, you acknowledged that you have read, understood and agree to the terms and conditions stated hereunder:

1. Training confirmation will be emailed to the respective participant(s) upon receipt of full payment prior to the event.
2. Cancellation of any participant(s) is only allowed 14 days in advance from the event date to receive a 100% refund.
3. Only 50% refund will be made for cancellation less than 14 days before the event.
4. No refund will be given for "no-show".
5. Substitutions of participant(s) is permissible from within the same organisation or company. However, request must be made in writing to DreamEDGE.
6. The organiser reserves the right to refuse entry if payment is still pending on the day of attendance.
7. The organiser reserves the right to cancel or to make any amendments and/or changes to the venue, date, time and trainer owing to unforeseen circumstances beyond its control. Notice will be given in advance.
8. For HRDF's claim (SBL Scheme), all the process will be done by customer and it is subject to PSMB's approval.

DECLARATION

I declare that the participant(s) listed above are an employee of our company and the information stated herein is true and correct.

AUTHORISED SIGNATORY


The authorised signatory MUST either be one of the following designation or equivalent:
 Chairman / CEO / General Manager / Manager / HR Executive / Training Dept. Exec.



Name: _____ Date: _____
 Designation: _____ Company Stamp: _____

FOR DREAMEDGE USE ONLY

Received via : email / fax / courier / other



Status:

Complete and proceed for invoice
 Incomplete and request to resubmit

Checked by: _____
 Name & signature: _____
 Date: _____