DreamEDGE
MyCoID: 767453U I CP Reg. No.: W24-1808-31000723

DETC DISCOVER LEARN INNOVATE

APPLICATION FORM
GENERAL & SBL PROGRAMME

PROGRAMME DETAIL

Early Bird Registration	**Group Registration**	**Normal Registration**
☐ RM2,750 /pax inclusive of SST	☐ RM2,600 /pax inclusive of SST	☐ RM3,100 /pax inclusive of SST

* For public programme use only

Programme code	:	NX02	Programme title	:	NX INTERMEDIATE FOR DESIGNER	
Venue	:		Date	:	Duration	: 5 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   **Checked by:**

DATE

Status:
☐ Complete and proceed for invoice
☐ Incomplete and request to resubmit

Name & signature:
Date: