



# EVENT REGISTRATION FORM

CONTACT DETAILS					
First Name:			Surname:		
Course Name:					
Company Name:					
Designation:					
Address:					
Post Code:			Email:		
Phone:		Fax:		Mobile:	
PARTICIPANT DETAILS (Only if participant and contact person is different)					
First Name:	Surname:	Designation:	Phone:	Mobile:	Email:
PAYMENT DETAILS					
Payment Amount: RM					
Cheque no (if applicable) :		All participant will received an invoice upon registering for our course.			
TERMS AND CONDITIONS & RETURN FORM					
Name, Signature and Company stamp:					
_____				Date: _____	
Please return the completed form to Email: <a href="mailto:kim@empowering1.com">kim@empowering1.com</a> , Fax: 6778 7780 or upload it to our online system if you wish to register for the event.					