



**1. Registration**

Kindly register the name(s) below:

No	Name	Contact Number	Preferred Date of Seminar (7 <sup>th</sup> OR 14 <sup>th</sup> May 2009)	Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				

Company Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Name of Signatory : \_\_\_\_\_

Position : \_\_\_\_\_

Date : \_\_\_\_\_

