

REGISTRATION FORM

TRAINING COURSE ON

Course Title.....**Schedule**.....

Name.....(Mr./D./Mrs./Ms.)

Position:.....

Company/ Organisation.....

Department/Division.....

Mailing Address:.....

Tel (Off.):.....Residence.....
(with area code) (with area code)

Fax:.....

Duties and Responsibilities:.....

Education Background: (Starting from Bachelor level)

Degree	Year	Field of Study

Date:

Signature

For further information and registration, please contact or write to:

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