Registration Form TED Integrated Sdn Bhd

**Program Name:**

**Date:**

**COMPANY DETAILS**

|  |  |
| --- | --- |
| **Company Name:** | **Nature of Business :** |
| **Address:** | **Contact Person:** |
| **Tel:** |
| **Fax:** |
| **E-mail :** |
| **Total number of participants:**

|  |  |  |
| --- | --- | --- |
| ***No*** | ***Full Name*** | ***Designation*** |
|  |  |  |
|  |  |  |
|  |  |  |

 |
| **Authorised Signature :****Designation :** | **Company Stamp:** |

**PAYMENT DETAILS**

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| Payment can be made via : |
| * Cheques : Payable to

**TED Integrated Sdn Bhd**  | * Bank Transfer

**CIMB BANK : 8602085441** |

**TERMS & CONDITIONS**

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| 1. Payment is due before the commencement of the training.
2. Registration is only confirmed on receipt of payment.
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**REMARK: PLEASE FAX TO 03- 2386 7711 (ATTN: DARREL )**