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**

|  |  |
| --- | --- |
| 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. |

**REMARK: PLEASE FAX TO 03- 2386 7711 (ATTN: DARREL )**