

Program Name:**Date:****COMPANY DETAILS**

Company Name:	Nature of Business :												
Address:	Contact Person:												
	Tel:												
	Fax:												
	E-mail :												
Total number of participants:													
<table border="1"><thead><tr><th>No</th><th>Full Name</th><th>Designation</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		No	Full Name	Designation									
No	Full Name	Designation											
Authorised Signature :	Company Stamp:												
Designation :													

PAYMENT DETAILS

Payment can be made via :	
<input type="radio"/> Cheques : Payable to TED Integrated Sdn Bhd	<input type="radio"/> Bank Transfer CIMB BANK : 8602085441

TERMS & CONDITIONS

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: SYAKIR)