

REGISTRATION FORM

Training Programme Date:	
Company Detail:	
Company Name:	Contact Person:
Address:	Tel #:
	Fax #:
	E-Mail:
Participants:	
Name(1):	Name(2):
E-Mail:	E-Mail:
Tel #:	Tel #:
Name(3):	Name(4):
E-Mail:	E-Mail:
Tel #:	Tel #:
(3) All fee paid is NOT refundab(4) We reserved the right to chashould circumstances beyon	e issue for your payment. Training Zone Dot Com Sdn Bhd". The ble but replacement may be made with no additional cost. The date or venue, and to cancel the training programme dour control arise. We shall inform the participants of the changes. The ineless and training materials
Authorized Signatu	re Company Stamp

Kindly fax this form to +6-03-6270-9993 Any enquiry, please contact Tel: +6-03- 6270-9883

Training Zone Dot Com Sdn Bhd (608448-V)

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