

Event Registration Form

Seminar Name :

Seminar Code :

Event Date :

Organization's name :

Billing Address

Mailing Address

Tick box if same as billing

HR person in charge :

HR email :

Office Tel :

Fax No :

1st Participant's Profile

Name : Designation :
Mobile :
Email :

2nd Participant's Profile

Name : Designation :
Mobile :
Email :

3rd Participant's Profile

Name : Designation :
Mobile :
Email :

Please attach additional participant's profile if necessary on a separate sheet. Kindly pre-notify us should you require special meals arrangements.

Person in charge Contact Name :	email & Phone
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<u>Authorized Signature</u>	<u>Company Stamp</u>	<u>Terms & Conditions</u> Kindly make all payments 1 week before date of training Please make cheque payable to : PowerUp Learning Academy Sdn Bhd
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This course is HRDF SBL applicable

Please fax completed form to **03-7960-9355** or email : training@powerupsuccess.com
For further information or enquiries, please call : 603-7960-3088