

1 day Business Forensics - Combating Corporate Fraud and Financial Oversight 8th Oct 2012 (Mon)

Registration Form			
PARTICIPANT'S	DETAILS		
Name (Prof/Dr/Mr	·/Mrs/Miss/Mdm):		
Designation:		Department:	
Tel:	Fax:	Email:	
Name (Prof/Dr/Mr	·/Mrs/Miss/Mdm):		
Organisation:			
Designation:		Department:	
Tel:	Fax:		
COURSE DATE:	8th Oct 2012 Business For	rensics SGD680 (Nett)	
METHOD OF PA	YMENT (Please tick the relevan	t boxes)	
□ By Cheque (for lo participants only)	Cheque made pa	Cheque made payable to 'Centre for Behavioral Science Pte Ltd'	
□ By Bank Transfer Centre for Behavioral Science Pte Ltd OCBC Bank, Orchard Branch Account Number: 508-763661-001		vioral Science Pte Ltd	
ORGANISATION	DETAILS		
Organisation:			
Address:			
Contact Person:		Designation:	
Tel:	Fax:	Email:	
I understand and a	accept the terms and conditions	stated below.	
Signature & Date:		Company Stamp:	
Please print out and	send us the completed registration	form	
• Fax:	(65) 6278 975 8		
Mail:	Program Manager Centre for Behavioral Science Pt	o I td	
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TERMS AND CONDITIONS

- Registration will only be confirmed upon receipt of registration form and full payment.
- All cancellation will carry a SGD 200.00 administration fee.
- No refund can be made for cancellation less than 14 days prior to the event date.

1003 Bukit Merah Central, #06-13 Inno Centre, Singapore 159836

• Centre for Behavioral Science Ptd Ltd, reserves the right to cancel or postpone the course/seminar due to unforeseen circumstances and also the right to reject any registration. A full refund of course/seminar fee will be made to you.