

Registration Form

PROGRAM : _____

Name	
Age	
Sex	
I/C No.	
Tel	O : H: H/P :
Fax	O : H:
Mailing Address	
Name & Co. Address	
Position Held	
Lengh Of Service	
Highest Qualification	
Company Sponsored	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payment	Cash <input type="checkbox"/> Installment <input type="checkbox"/>
Co. Sponsored	<i>Company Use :</i> <input type="checkbox"/> Contact Person _____ <input type="checkbox"/> Position _____ <input type="checkbox"/> Tel / Fax _____ / _____
Yes <input type="checkbox"/>	
No <input type="checkbox"/>	

Signature

Date
