

## REGISTRATION FORM

To confirm your registration, please complete this form including payment.

**YES!** Please register the following participant(s) for this course

I am interested but unable to attend. Please put me on your mailing list

### Course Details:

Course Name : \_\_\_\_\_  
Date : \_\_\_\_\_  
Venue : \_\_\_\_\_

### Details of the Participant Attending the Course:

No.	Name of Participant	Position	NRIC (for HRDF claim)	Fee (RM)
1.				
2.				
3.				
<i>(Please attach a separate list if necessary)</i>				<b>TOTAL</b>

### Company Details (for issuance of invoice):

Organisation : \_\_\_\_\_  
Co. Reg. No\* : \_\_\_\_\_ \* if applicable  
Address : \_\_\_\_\_  
Contact Person : \_\_\_\_\_ Designation : \_\_\_\_\_  
Telephone : \_\_\_\_\_ H/Phone : \_\_\_\_\_  
Fax. No. : \_\_\_\_\_ E-mail : \_\_\_\_\_

*This registration is invalid without a signature. Payment must be made no later than 7 working days before the course commences. An undertaking letter may be accepted in cases where payment is delayed and all payment must be made no later than 60 working days after the course commences. Participants who registered but did not attend will be invoiced accordingly. Fees will only be refunded in full for cancellation received in writing more than 10 working days prior to the commencement date. No refunds will be made thereafter. Substitute attendee(s) will be accepted at no extra charge.*

**Authorised Signature** : \_\_\_\_\_ **Date** : \_\_\_\_\_  
**Name** : \_\_\_\_\_ **Designation** : \_\_\_\_\_

Company's Stamp

### MODE OF PAYMENT

#### A. Cheque or Bank Draft

**Cheque No./ Bank Draft No.** : \_\_\_\_\_ **Bank/ Branch** : \_\_\_\_\_

All crossed cheque/ bank draft should be made payable to **SPACE, UNIVERSITI TEKNOLOGI MALAYSIA.**  
**Account Number: 0118-0001324-05-5 | Bank Name: CIMB Bank Berhad | Branch: UTM Skudai, Johor**

#### B. Credit Card

VISA I, ..... hereby authorize  
Universiti Teknologi Malaysia to charge the total fee to my credit card.  
 MASTER CARD **Card Holder's Signature** : \_\_\_\_\_  
**Credit Card No.** : \_\_\_\_\_  
**Expiry Date (MM/YY)** : \_\_\_\_\_

#### C. Telegraphic Transfer

**Transaction Date** : \_\_\_\_\_ **Reference Number** : \_\_\_\_\_

☞ Terms & Conditions Apply

**Address: SPACE UTM, 40-50 Jln Kebudayaan 1, Taman Universiti, 81300 Skudai, Johor | Tel: 07-5218159/ 70 | Fax: 07-5211355**