

REGISTRATION FORM 20th October 2015 | Parkroyal Hotel, Kuala Lumpur

1st Participant

Dr/Mr/Ms _____

Position _____

Tel _____ Fax _____

E-mail _____

I would like to receive marketing materials from IKIP To unsubscribe from our mailing list

Signature: _____ Date: _____

Approving Manager's Name _____

Position _____

E-mail _____

I would like to receive marketing materials from IKIP To unsubscribe from our mailing list

Signature: _____ Date: _____

2nd Participant

Dr/Mr/Ms _____

Position _____

Tel _____ Fax _____

E-mail _____

I would like to receive marketing materials from IKIP To unsubscribe from our mailing list

Signature: _____ Date: _____

Human Resource /Training Manager _____

Tel _____ Fax _____

E-mail _____

I would like to receive marketing materials from IKIP To unsubscribe from our mailing list

Signature: _____ Date: _____

3rd Participant

Dr/Mr/Ms _____

Position _____

Tel _____ Fax _____

E-mail _____

I would like to receive marketing materials from IKIP To unsubscribe from our mailing list

Signature: _____ Date: _____

Please indicate the nature of your business

Natural Resources Construction/Engineering Insurance/Healthcare

Manufacturing Communications & IT Properties

Service & Retail Consultancy Education

Others, Please specify _____

No, I cannot attend this conference but please keep me updated by sending me additional information as it becomes available on the following topics:-

Marketing Manufacturing Service Management

IT Finance Personnel

Others, Please specify _____

Organisation's Name _____

Mailing Address _____

REGISTRATION INFORMATION

REGISTRATION FEES
Normal Package **RM980 per Person (inclusive GST)**

PAYMENT METHOD

PAYMENT
The fee must be paid in advance of the event. Walk-in participants with payment will be admitted on 'space available' basis. Cheques or bankdrafts should be crossed and made payable to **IKIP Education Sdn. Bhd.**

Payee name : IKIP Education Sdn. Bhd.
Bank account : 800531173-9
Bank : CIMB Bhd.
Branch : CIMB Bank, Jalan Tun Ismail
Bank address : No. 1a, Lorong Tun Ismail 9, Sri Dagangan 2, 25000 Kuantan, Pahang.

MODE OF PAYMENT

BANK TRANSFER CASH CHEQUE

Bankdraft/Cheque No. _____

Bank _____ Amount _____

Submission should be made before 30th September 2015.

FOR GOVERNMENT SECTOR
A Local Order (LO) or letter of approval to participate must be presented before the event.

TERMS AND CONDITIONS

Terms and conditions

- If a duly registered participant is unable to attend, a substitute participant is welcomed at no additional cost. Please provide the name and designation of the substitute participant at least 3 days prior to the course. No refund will be made for cancellation.
- The organizer reserves the right to make any amendments, cancel and/or change the programme, speaker/trainer/facilitator, date or venue should circumstances beyond the organiser's control arise. The organizer will inform the participant(s) of any changes arise.
- In compliance with Personal Data Protection Act 2010, your personal information in our database will be safeguarded and will not be shared without your consent. Please visit www.icon-malaysia.com for our Personal Data Protection Notice.

Send/fax this entire form (or a photocopy) to:

IKIP Education Sdn. Bhd.
Taman Gelora Campus, 399 Jalan Dato' Abdullah, 25050 Kuantan, Pahang
Tel: 09 567 8999 Fax: 09 567 7999
www.icon-malaysia.com

For registration or further information, kindly contact:
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