

TRUST MANAGEMENT CENTRE

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Email: enquiries@trustedu.com Website: www.trustedu.com

Our Mission: To Bring Out the Excellence in People.

Your One Stop Training Provider.

Visit our website for Training Calendar / Course Outlines / Upcoming Courses / New Courses

REGISTRATION FORM

Course Title: _____

Course Code : _____ Date: _____ Time : _____ Venue: _____ Fees\$ _____

Pax Name	Designation	Edu level	Div 1/2/3	Tel	E-mail (for emergency only)

Fees are payable at registration.

Payment terms :

Public Workshops - 100% 7 days before training

In-House Training - 50% 14 days before training,
Balance 7 days after training

Withdrawal Details / Refund of fees :

2 weeks written notice before the
course commencement - 75% of fees
1 week or less - No Refund

Submitted by:

Organisation / Company : _____

Address: _____

_____ S _____

Name / Designation / Dept : _____

E-mail: _____

Signature _____ Tel: _____ Date: _____

Address to post invoice to: _____

_____ S _____

For payment and account matters to contact:

Name / Designation / Tel : _____

Remarks:/ Reminders

