**Registration Form**

**Laboratory Management Course**

**6-8 November 2017, SGD 1177.00 (inclusive of GST)**

**Course Venue:**

**Village Hotel Bugis  
  390 Victoria Street, Singapore 188061**

**(Training room: Quartz 1, Level 6)**

*(1 buffet lunch and 2 tea breaks provided. Food is “halal”)*

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| --- | --- |
| Name of Participant 1: |  |
| Email: |  |
| Name of Participant 2: |  |
| Email: |  |
| Name of Participant 3: |  |
| Email: |  |
| ***Please print your name(s) as you would like it to appear on the certificate(s) of attendance.*** | |
| Organisation: |  |
| Address: |  |
|  |  |
|  |  |
| Contact person: |  |
| Contact email: |  |
| Tel No: / HP No: |  |
| Payment | Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for S$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is enclosed  *A tax receipt will be sent upon clearance of cheque* |
| The registration is on a first-come-first served basis.  Each organisation may register up to **3** participants for each course. All cheques should be crossed and made payable to “**SPRING Singapore”**. No invoices will be issued. Tax receipts will be issued upon clearance of cheques. SAC reserves the right to cancel, postpone or make changes to the courses due to unforeseen circumstances.  Please send the completed registration forms via email to [angie\_ng@spring.gov.sg](mailto:angie_ng@spring.gov.sg) and mail cheques to:  Accreditation Division (Attn: Ms Angie Ng)  SPRING Singapore  2 Fusionopolis Way,  #15-01, Innovis,  Singapore 138634 | |

**Registration Form**

**Internal Audit Course**

**9-10 November 2017, SGD 802.50 (inclusive of GST)**

**Course Venue:**

**Village Hotel Bugis  
  390 Victoria Street, Singapore 188061**

**(Training room: Quartz 1, Level 6)**

*(1 buffet lunch and 2 tea breaks provided. Food is “halal”)*

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| Name of Participant 1: |  |
| Email: |  |
| Name of Participant 2: |  |
| Email: |  |
| Name of Participant 3: |  |
| Email: |  |
| ***Please print your name(s) as you would like it to appear on the certificate(s) of attendance.*** | |
| Organisation: |  |
| Address: |  |
|  |  |
|  |  |
| Contact person: |  |
| Contact email: |  |
| Tel No: / HP No: |  |
| Payment | Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cheque No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  for S$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is enclosed  *A tax receipt will be sent upon clearance of cheque* |
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