

BCP501 Course Registration Form (v2024.05)

Trainee's Particulars

NAME (Pls underline Surname): _____ (Mr/Ms/Mdm)

DRII ID (IF ANY): _____ POSITION: _____

BILLING ORGANISATION : _____

BILLING ADDRESS: _____

E-MAIL: _____ PHONE:(HP) _____ PHONE: (O) _____

Point of Contact for Registration & Payment (if different from above)

Name: _____ Phone: _____ Email: _____

Class Registering

| Course ID | Class Date (Please Specify) | Fee (Qualifying Exam Included) |
|-----------|--|--------------------------------|
| BCP501 | ____ / ____ / ____ to ____ / ____ / ____ | S\$3,300 |

Payment Method (Please check one)

Paynow Interbank / Wire Transfer

Remarks: _____

How did you find out this course?

Internet Search Email/Mail Advertisement Exhibitions & Events Friends Others _____

I Agree to the terms and conditions

Company Stamp

Signature & Date

To register, please fill up and email this registration form to: DRII's Singapore representative – CCS Enterprise (S) Pte Ltd

E-Mail: training@DRI-Singapore.org

Class sizes are limited; participants are encouraged to register early.