

REGISTRATION FORM

Course Name: July 2015 | HCV for Lead Assessors Training in Bangkok

Course Date: 27-29 July 2015

Course Venue: Asia Hotel, Bangkok Thailand



Notes:

- The course will be conducted in English with some Thai translation for Thai participants
- Book early as the training are usually filled up quickly. Seats are limited to **8 seats for outside of FIO participants**. To register, complete the form below and make a payment as soon as possible to reserve seats. Places will only be confirmed upon payment.

Payment Information

1. **Telegraphic Transfer** or **Cheque** are payable to:

Account Name: **Wild Asia Sdn Bhd**
 Account Number: 201 - 228467 - 101
 Bank Name: HSBC Bank Malaysia Berhad
 Bank Address: No. 2 Leboh Ampang, 50100 Kuala Lumpur, Malaysia
 Bank Swift Code: HBMBMYKL

Send proof of payment to training@wildasia.org

2. **Training Fees:** please refer to the table below.

PAYMENT OF FEES: <i>Inclusive of Training fee training materials, refreshments and, lunches.</i>	Cost per person (RM)	Number of Persons	Total Payment (RM)
Normal Rate BHT22,000 (RM 2,530)	2,530	_____	_____
TOTAL			_____

Important notes:

- All training fees are inclusive of Government tax, training materials, refreshments and, lunches.
- Participants will need to arrange for your own transportation to the training venue and your own accommodation during training.
- All bank fee charges will be borne by the payee.
- A cancellation fee of 25% of the course fee will be charged if notice is given more than 30 days of the course date. 50% of the course fee will be charged for any cancellation up to 7 days before the training date. No refunds will be given thereafter.
- Please email registration form and proof of payment to training@wildasia.org for records.

Details of Participants*Please type clearly in the grey field.***Participant 1:**

*Name with Title (Mr./Mrs./Dr./etc.) (underline surname)			
*Organisation:			
Position Held:		* Dietary restriction:	
*Identification (IC or Passport No.)		Nationality:	
*Mailing Address			
Telephone:		*Mobile No:	
*Email		Fax	
What are your relevant knowledge and experience of this topic?			
What are your expectation of the courses			

Participant 2:

*Name with Title (Mr./Mrs./Dr./etc.) (underline surname)			
*Organisation:			
Position Held:		* Dietary restriction:	
*Identification (IC or Passport No.)		Nationality:	
*Mailing Address			
Telephone:		*Mobile No:	
*Email		Fax	
What are your relevant knowledge and experience of this topic?			
What are your expectation of the courses			