



REGISTRATION FORM

Title of Course : _____

Dates of Course:

From _____

To _____

1. Name _____ Sex : * M / F

(Please PRINT and underline surname)

2. Home Address _____

Tel No.: _____

Email address: _____

3. Designation : _____

Name of Company: _____

4. Office address _____

Tel No.: _____

Fax No.: _____

5. + Address for correspondence _____

Home address () _____

Office address () _____

6. Date of birth _____

Place of birth _____

Mother Tongue _____

(Day) (Month) (Year)

7. Nationality _____

Race _____

* NRIC/Passport No: _____

8. Highest educational qualification (*Degree / institution / country / year*) _____

PAYMENT OF FEES

a. I/We enclose Cheque No _____ for the amount of S\$ _____

:

(inclusive of GST made payable to "SEAMEO Regional Language Centre").

b. Please charge the amount of S\$ _____ to my Credit Card

• Card Type : * VISA / AMEX / DINERS / MASTERCARD

• Card No : _____

• Date of Expiry _____

Date _____

Signature _____

FOR OFFICIAL USE ONLY

Receipt No : _____

Remarks : _____