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| **Workshop Registration Form** | | | | | | |
| **Workshop Details** | | | | | | |
| *- Please fill up the relevant box below with the number of participants from your company.* | | | | | | |
| **Workshop Title :** | | **DISCover Emotional Intelligence for Sales Excellence** | | | | |
| **Workshop Date :** | | 12 and 13 October 2017 | | | | |
| **Workshop Venue :** | | To Be Confirmed | | | | |
| **Workshop Fee Per Pax: (Inclusive of GST)** | | |  |  |  | | --- | --- | --- | |  | Regular Fee - $663 | | |  | \*Early Bird Fee 15% (\*register before 15 September 2017) – $564 | | |  | Group Fee 20% (3 persons or more) – $530 | | |  | \*Early Bird Group Fee 25% - $497 | Total Amount: S$ | | | | | |
|  | | | | *Please Photocopy For More Participants* | | |
| **Participant Details** | | | |  |  | |
| Please Register The Following Participant(s) For The Workshop | | | | | | |
|  | | | |  |  | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 1** | | | | **Designation** |  | |
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|  | | | |  |  | |
| **Participant Email 1** | | | | **DID Tel** | **Mobile No.** | |
|  | | | |  |  | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 2** | | | | **Designation** | **Email** | |
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|  | |  | |  |  | |
| **Participant Email 2** | |  | | **DID Tel** | **Mobile No.** | |
|  | | | |  |  | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 3** | | | | **Designation** | **Email** | |
|  | | | |  |  | |
|  | |  | |  |  | |
| **Participant Email 3** | |  | | **DID Tel** | **Mobile No.** | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 4** | | | | **Designation** | **Email** | |
|  | | | |  |  | |
|  | |  | |  |  | |
| **Participant Email 4** | |  | | **DID Tel** | **Mobile No.** | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 5** | | | | **Designation** | **Email** | |
|  | | | |  |  | |
|  | |  | |  |  | |
| **Participant Email 5** | |  | | **DID Tel** | **Mobile No.** | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 6** | | | | **Designation** | **Email** | |
|  | | | |  |  | |
|  | |  | |  |  | |
| **Participant Email 6** | |  | | **DID Tel** | **Mobile No.** | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 7** | | | | **Designation** | **Email** | |
|  | | | |  |  | |
|  | |  | |  |  | |
| **Participant Email 7** | |  | | **DID Tel** | **Mobile No.** | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 8** | | | | **Designation** | **Email** | |
|  | | | |  |  | |
|  | |  | |  |  | |
| **Participant Email 8** | |  | | **DID Tel** | **Mobile No.** | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 9** | | | | **Designation** | **Email** | |
|  | | | |  |  | |
|  | |  | |  |  | |
| **Participant Email 9** | |  | | **DID Tel** | **Mobile No.** | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 10** | | | | **Designation** | **Email** | |
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|  | |  | |  |  | |
| **Participant Email 10** | |  | | **DID Tel** | **Mobile No.** | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 11** | | | | **Designation** | **Email** | |
|  | | | |  |  | |
|  | |  | |  |  | |
| **Participant Email 11** | |  | | **DID Tel** | **Mobile No.** | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 12** | | | | **Designation** | **Email** | |
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|  | |  | |  |  | |
| **Participant Email 12** | |  | | **DID Tel** | **Mobile No.** | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 13** | | | | **Designation** | **Email** | |
|  | | | |  |  | |
|  | |  | |  |  | |
| **Participant Email 13** | |  | | **DID Tel** | **Mobile No.** | |
| Dr/Mr/Mrs/Ms | | | |  |  | |
| **Participant Name 14** | | | | **Designation** | **Email** | |
|  | | | |  |  | |
|  | |  | |  |  | |
| **Participant Email 14** | |  | | **DID Tel** | **Mobile No.** | |
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| **Full Company Name (For Billing)** | | | |  | **Nature of Business** | |
|  | | | |  |  | |
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| **Billing Address** | | | |  | **Postal Code** | |
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| **Payment Details** | | | | | | |
| *- Please check the Boxes*  *Below Accordingly.*  *- If paying by cheque, please make payable to* ***Calent3 Pte Ltd*** | | | | | | |
| **Payment By:** | |  |  | | --- | --- | | Cash |  | | | |  |  | | --- | --- | | Cheque |  | | | |  |
|  |  | | Cheque Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| **Food & Beverage Preference** | | | |
| *- Please Check*  *The Boxes Below Accordingly if You Have Any F&B Preferences.* | | | |
| **F&B Preference:** | |  |  | | --- | --- | | Non-Halal |  | | Halal |  | | Vegetarian |  | |  |  |
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| **Important Notes** |
| 1. Payment is required with registration and must be received before the workshop to confirm your place. 2. Confirmation will only be sent via email upon receipt of your payment. 3. Fee includes refreshments (2 tea-breaks) and workshop documentation. 4. Official workshop language is English. 5. The organiser reserves the right to make any amendments that it deems to be in the interests of the workshop without any notice. |
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| **Cancellations & Replacements** |
| 1. A replacement for your place is welcome if you are unable to attend. 2. A full refund less 10% administrative charge will be made for cancellation received in writing before 22 September 2017. 3. A 50% refund and a set of conference documentation will be given for cancellation received in writing from 22 September 2017 to 6 October 2017 inclusive. 4. No refund can be made for cancellation in writing received after 6 October 2017 or for "no show" participant. You will however receive a set of documentation.   Signature of Registrant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  Name of Registrant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |