REGISTRATION FORM

SPS ACCOUNTING SOFTWARE SEMINAR 2015

Please retain original copy for your records.
(Please photocopy form for additional delegates)

Salihin Centre KL Sentral

Participant 1

Full Name (Capital Letters) :

I/C No.: Designation :

Email : Phone No :

Participant 2

Full Name (Capital Letters) :

I/C No.: Designation :

Email : Phone No :

Participant 3

Full Name (Capital Letters) :

I/C No.: Designation :

Email : Phone No :

Organization :

Address : Contact Person :

Email : Phone No :

Comp Stamp : Fax No :

Seats are limited and registration is on first-come, first-served basis(booking). Seats are secured by payment.

Payment Method

I / we hereby enclose :-

Cash (RM) _____

Cheque No.: _____
For Amount of (RM) _____
(Non-refundable) and made payable to
SALIHIN BUSINESS MANAGEMENT SDN BHD

Deposit Machine
Bank : BANK ISLAM
Acc Holder : SALIHIN BUSINESS MANAGEMENT SDN BHD
Acc No : 1-222-501-000-7293

Please email the payment slip to info@salihinpremier.com

Enquiries

Contact : Pn Shima
Tel.: 603-2261 4180
Fax.: 603-2261 4182
E-mail.: info@salihinpremier.com

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