



REGISTRATION FORM

(Please fax this registration form to 03-7880 2817)

CONTACT PERSONS Shafinah / Shazwani : TEL 03 7880 0413 OR 03 7806 5595

PLEASE WRITE THE NAME AND DATE OF THE COURSE HERE:

NAME OF COURSE

DATE

Yes, (I am / We are) interested to attend the above training course
My/Our company participant(s) is/are as follows:

NO	FULL NAME	DESIGNATION
1		
2		
3		

COMPANY			
ADDRESS			
PHONE		FAX	
EMAIL			
CONTACT PERSON			

Methods of Payment. Please Choose

You can pay by cheque made in favour of **Malaysian Export Academy Sdn Bhd** and mail this form together with your cheque to: **Malaysian Export Academy, Suite 306, Block C, Glomac Business Centre, Jalan SS 6/1, Kelana Jaya, 47301 Petaling Jaya, Selangor.**

OR

You can transfer the payment to Account No: **1216 0018888 050, CIMB Bank** in favour of **Malaysian Export Academy Sdn Bhd.** A copy of the transfer slip should be faxed to **03 7880 2817** together with this form.

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Authorised Signature

Name :

Designation :

Date :