

REGISTRATION FORM

Yes! I am/ We are interested in attending the **2-Day Mental Wellbeing or Health in the Workplace** dated **February 09, 2022 (Wednesday)**

<p>Participant 1: Full Name per IC: _____ Designation: _____ Contact No.: _____ Email: _____</p>	<p>Participant 2: Full Name per IC: _____ Designation: _____ Contact No.: _____ Email: _____</p>
<p>Participant 3: Full Name per IC: _____ Designation: _____ Contact No.: _____ Email: _____</p>	<p>Participant 4: Full Name per IC: _____ Designation: _____ Contact No.: _____ Email: _____</p>
<p>Company Details: Company Name: _____ Company Address: _____ Contact Person: _____ Designation.: _____ Contact No.: _____ Email: _____</p>	

Payment to be remitted to:

PM RESOURCES SDN BHD
Bank Name: CIMB ISLAMIC BANK BHD
Bank Account No: 8603232891
SWIFT Code: CTBBMYKL

Once payment has been made, please complete this form & email it together with the payment advice to training@pm-resources.com/ berenice.ong@pm-resources.com. Thank you.



Note: PM Resources Sdn Bhd reserves the right to postpone, cancel and/ or amend the program if warranted by circumstances beyond our control

Your Outsourcing Specialist