

## REGISTRATION FORM

**Yes!** I am/ We are interested in attending the **2-Day Mental Wellbeing / Health in the Workplace** dated **December 19 & 20, 2022 (Monday & Tuesday)**

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

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](mailto:training@pm-resources.com)/ [berenice.ong@pm-resources.com](mailto: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*