

# REGISTRATION FORM

**Yes! I am/ We are interested in attending the 1-Day Mental Well-being/Health in the Workplace dated August 09, 2024 (Friday)**

<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: _____ Contact Person: _____ Designation: _____ Contact No.: _____		Company Address: _____ _____ _____ 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

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