

REGISTRATION FORM

Yes! I am/ We are interested in attending the 1-Day Mental Well-being/Health in the Workplace dated March 01, 2024 (Friday)

Participant 1: Full Name per IC: _____ _____ Designation: _____ Contact No.: _____ Email: _____	Participant 2: Full Name per IC: _____ _____ Designation: _____ Contact No.: _____ Email: _____	
Participant 3: Full Name per IC: _____ _____ Designation: _____ Contact No.: _____ Email: _____	Participant 4: Full Name per IC: _____ _____ Designation: _____ Contact No.: _____ Email: _____	
Company Details: 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/ 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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