

REGISTRATION FORM

Training Program:

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Training Date:

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Training Venue: IPRM Training Centre, 10th Floor, Kompleks Kementerian Komunikasi & Multimedia, Persiaran Perdana, Presint 4, 62100 Putrajaya

Participant/s Name/s: Designation: Contact H/P:

1.
2.
3.
4.

Organization Name :

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Contact Address :

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Approving Officer: (Name)

(Designation)

I/We hereby confirm the above named participant/s enrolment for the stated Training Program and agree to the *Terms of Payment & Options* as indicated here.

Company Chop: Signature: Date:

Terms of Payment & Options:

1. Cash/Cheque (Individual registrants are required to make/show proof of payment upon registering).
2. Letter of Undertaking by Employer (Payment to be made in full within two weeks upon conclusion of Training).
3. LO(Applicable for Government agencies Only).
4. For any electronic banking, kindly fax your bank-in slip to the Institute of Public Relations Malaysia.

NOTE: All payments to be made to: **Institute of Public Relations Malaysia CIMB Account 8003067309**