



CERTIFICATE COURSE IN PACKAGING TECHNOLOGY – 2014

REGISTRATION FORM

PLEASE REGISTER THE FOLLOWING NOMINEE/S FOR THE CERTIFICATE COURSE IN PACKAGING TECHNOLOGY 2014

1. NUMBER OF PARTICIPANTS: _____

2. COURSE FEE (CASH / CHEQUE) _____

ENCLOSED / SENT IN DUE COURSE

CHEQUE NUMBER: _____

BANK / BRANCH: _____

3. COMPANY NAME / ADDRESS / Email / TEL / FAX

4. DETAILS OF PARTICIPANT/S

| NAME | PROFESSION/TITLE | TEL/FAX/Email |
|-------------|-------------------------|----------------------|
|-------------|-------------------------|----------------------|

a. _____

b. _____

c. _____

d. _____

e. _____

5. AUTHORIZED BY: _____

NAME/TITLE: _____

SIGNATURE: _____

DATE: _____