



SARAWAK INFORMATION SYSTEMS SDN BHD (213181-W)

Pusat Latihan Teknologi Maklumat Sarawak

Ground Floor, Lot 369, Block 10,
Jalan Tun Ahmad Zaidi Adruce,
93150 Kuching, Sarawak
Tel : (60) 82-239004 Fax : (60) 82-235522
Email : training@sains.com.my
Website : www.sains.com.my/sains/services/ittraining.shtm

Please fax Registration Form to : PUSAT LATIHAN TEKNOLOGI MAKLUMAT SARAWAK	
Attention :	<input type="checkbox"/> Agnes Chan <input type="checkbox"/> Tarmit Kaur
Fax no. :	082-235522

REGISTRATION FORM

To register, please complete part 1 to 5.

1. Company Information	
Company	Tel:
Address	Fax:
Contact Person	Designation:

2. Course Information (*Please refer to SAINS Computer / Geomatics Training Programme 2008)						
No	Training Date	Course Title	No. of Pax(s)	Fees/ Pax (RM)	Duration (Days)	Total Fees (RM)
1.						
2.						
3.						
Total Amount						

The fee includes refreshment and course material. Certificate of Attendance will be presented upon completion of course.
 Course Venue : Pusat Latihan Teknologi Maklumat Sarawak
 Time : 8.30 am - 4.30 pm

3. Participant Information		
No.	Participant Name	Designation
1.		
2.		
3.		

4. Methods of Payment	
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Service Order <input type="checkbox"/> Purchase Order	
Payment should be made payable to Sarawak Information Systems Sdn. Bhd. and admittance will only be permitted upon receipt of full payment. Registration can be made via fax.	

5. Authorization	
Authorized signature _____	Company Chop / Stamp :
Name : _____	
Designation : _____	
Date : _____	

- Cancellations & Transfers:**
- Full payment must be made **SEVEN (7)** days prior to the course
 - If cancellation occurs less than **FIVE (5)** working days from the course delivery, the FULL training fees for the course will be charged
 - A substitute delegate is welcome at no extra charge if you are unable to attend. Kindly provide name and title of substitute delegate prior to the course

Disclaimer :
 SAINS reserves the right to cancel the event should circumstances beyond its control arise. In the event of such a cancellation, SAINS will refund in full all payments received. SAINS also reserves the right to make alternative arrangements without prior notice should it be necessary to do so. Upon signing the registration form, you are deemed to have read and accepted the terms and conditions.

FOR OFFICIAL USE ONLY (* To be filled in by SAINS Training Officer)	
Date Received :	_____
Total Amount :	RM _____
Discount :	RM _____
Net Amount :	RM _____
Cash / Cheque / Service Order / Purchase Order No. :	_____
Signature & Name	