

Reply Slip

To:
Marketing Dept
Active Best Source Consultancy Private Limited
Tel: (65) 97422867
Fax: (65) 6781 3390

Register me / us* for seminar: Internal Control and Fraud Detection

Seminar 1 commences on 30th Sept 2009
Seminar 2 commences on 11th Nov 2009

From: Mr/ Mrs/ Ms/ Miss* _____

Organization: _____

Mailing Address: _____

Tel: _____ Fax: _____ Mobile: _____ Email _____

Name of Attendee	Designation	Date of Seminar**

Attach separate sheet if space provided is insufficient

Terms & conditions

1. Notification of cancellation seven or more days before the event will be processed for refund after deducting S\$50 processing fee.
2. No refund will be made for shorter notice but you are welcome to send a replacement at a processing fee of \$20
3. Registration is only confirmed after full payment is received. An official receipt will be sent to you.
4. Payment must be received before commencement of the event
5. No invoice will be issued
6. Program may be subjected to change

Enclosed is a Cheque no. _____ of S\$ _____ being payment for _____ Attendees
after early bird discount S\$ _____, group discount S\$ _____

Please complete this reply slip and fax to: (65) 6781 3390 for reservation