

Training Registration Form

Course Title	
Course Date	

Registration Form email to training@optimalsystems.my			
Registration type (Please (/) in appropriate box)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Company HRDC Registered	<input type="checkbox"/> Company - Non HRDC	<input type="checkbox"/> Government

ORGANIZATION DETAILS

Organization Name			
Organization Address			
PIC Name			
PIC Position			
PIC Contact Number		PIC Email	

PARTICIPANTS' DETAILS

1.	Name			
	Position		Mobile No.	
	Email Address		NRIC	
2.	Name			
	Position		Mobile No.	
	Email Address		NRIC	
3.	Name			
	Position		Mobile No.	
	Email Address		NRIC	

***All details are required as for HRDC/Certificate purposes.**

Declaration (Skip declaration 1 for Individual Registration)

- I (name)_____ agree to send these particular trainees to attend the above training.
- I agree to make full payment on the course fees stated at the invoice given to Optimal Systems Engineering Sdn Bhd before the training starts at the respective dates.
- I agree for the course fee of training to be non-refundable but transferable in accordance to OPTIMISE Training Policy, although our trainees withdraw after the confirmation letter has been issued.

By Signing below, I hereby agreed to attend and shall make the necessary payment as stipulated by the invoice from Optimal Systems Engineering. Except for individual registration, the signature below must be from either Chief Executive, Director, General Manager, HR / Training Manager or Assistant Manager.

Contact us : Mr Faiz Jafni
 Tel. No. : 016-7167248 / 07-5704842
 Website : www.optimalsystems.com
 Operating Hours : Monday - Friday (9:00 am - 5:00 pm)

 Organization Stamp / Signature*