

# Training Registration Form

**Course Title:**

**Training Date:** .....

- Greenhouse Gas (GHG) Emissions Accounting and Reporting
- Concept and Procedure for the Establishment of an Energy Management Systems (EnMS)
- Product Carbon Footprint (PCF)
- Thermal Energy Recovery Technologist (TERT) - Level 1
- Thermal Energy Recovery Technologist (TERT) - Level 2
- Thermal Energy Recovery Technologist (TERT) - Level 3
- Industrial Thermal Energy Audit and Analysis (ITEA)
- Registered Energy Manager (REM) - Type 1
- Registered Energy Manager (REM) - Type 2
- Understanding Energy Efficiency Conservation Act (EECA) & Its Impact on Organization
- .....

Registration Form email to [training@optimalsystems.my](mailto:training@optimalsystems.my)

Registration Type (Please (/) in appropriate box)

- Individual    Company - HRDC Registered    Company - Non HRDC    Government (LO)

## PERSONAL/ORGANIZATION DETAILS

Personal/Organization Name	
Personal/Organization Address	
Tax Identification Number (TIN)	
Business Registration No. (If any)	
SST Registration No. (If any)	
Contact Number (e-Invoicing)	
Email (e-Invoicing)	
Email (HR Department)**	

**\*\*Will liaise with the Person-in-Charge (PIC) regarding HRDC matters and participant registration.**

## 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	
4.	Name			
	Position		Mobile No.	
	Email Address		NRIC	

***\*All Details are required as for HRDC/Certificate purposes***

Declaration (Skip declaration 1 for Individual Registration)

1. I (name)\_\_\_\_\_ agree to send these particular trainees to attend the above training.
2. 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.
3. 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 : Ms Noor Aizathul Akma  
 Tel No. : 016-7167248 / 07-5704842  
 Website : [www.optimalsystems.com](http://www.optimalsystems.com)  
 Operating Hours : Monday - Friday (9.00 am - 5.00 pm)

\_\_\_\_\_  
 Organization Stamp / Signature\*