

**Registration Form**

**CPP PRACTITIONER'S CERTIFICATION WORKSHOP**

Name: ..... Designation/Position: .....

Professional Qualification/Related Training: .....

Employer Organization: .....

Mailing Address:.....

.....

Telephone No: (Office) ..... Res: ..... H/P.....

Email: .....

Workshop Cost: RM ..... Workshop Date: .....

**Payment arrangements**

Enclosed is payment of RM \_\_\_\_\_ being partial/full registration costs OR please invoice me/my organization (invoice to be made out to .....  
.....)

Cheque No: ..... Date .....

*Please make cheque payable to: **Brain Dynamics Global Sdn Bhd** or remit the payment direct to out bank account: Alliance Bank, SC 13, PJ  
A/C No: 14037-001006-7841-24*

*Please e-mail or fax this completed form to:  
E-mail: [ea@bdglobal.org](mailto:ea@bdglobal.org) Fax : 03-7955 4571  
AND*

*Please post enclosed with cheque to Brain Dynamics Global No: 7, Jalan 16/3  
46350 Petaling Jaya, Selangor, Malaysia  
For further information, , please call : 03-7957 1130*

