

To:

The Secretariat
SIRIM Training Services Sdn Bhd (448249-A)
 First Floor, Building 2, SIRIM Complex
 No. 1, Persiaran Dato' Menteri
 Section 2, P.O. Box 7035
 40911 Shah Alam
 Selangor Darul Ehsan.

Fax No: 03-5544 6289/6754
 E-mail : sts@sirim.my
 Tel No: 603-5544 6208/04/00/25/29

FOR OFFICE USE

Person in-charge:

Course Programme :		
Code :		Course Date :
COMPANY INFORMATION		
Company Name :		
Co. Reg. No. :		
Address :		
Street :		
Post Code :	City	
Contact Person :		
Designation :		
Tel No. :		
Fax. No. :		
e-mail :		
Website :		
PARTICIPANT/S (Please attach a separate list if more than 5 persons)		
No.	Name / Position	Fees
1.		
2.		
3.		
4.		
5.		
Total Fees		
Company/Organisation Products: Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Government <input type="checkbox"/> Association <input type="checkbox"/> Others <input type="checkbox"/>		
Type of Product/Service : Product		
How do you get to know about our training course (x)		
Planner <input type="checkbox"/> Newspaper/Adv. <input type="checkbox"/> Directory <input type="checkbox"/> e-marketing (email) <input type="checkbox"/> Sales Visit <input type="checkbox"/> Friends <input type="checkbox"/> others <input type="checkbox"/>		

PAYMENT

- Payment by crossed cheque / bank draft / postal order should be made payable to **SIRIM Training Services Sdn. Bhd.** and **received before or on the day of the course registration.**

Cheque / Bank Draft / Postal Order No. _____ for RM _____

Signature: _____
 Name: _____
 Date: _____

Company Stamp

