

HEALTH ESSENTIALS ASIA
SleepTalk® For Children Registration Form

[A] Participant's Information

Full Name _____
Address _____

Postal Code _____ City _____
State _____ Country _____
Tel No. _____ Email _____

[B] Program Information

Level 1 (workshop) : 03 March 2018

- Normal Rate : MYR 350 per person
- Normal Rate : MYR 600 per couple
- Early Bird : MYR 250 per person by 31-01-2018
- Early Bird : MYR 450 per couple by 31-01-2018

Level 1 - 3 (certification) : 30 - 31 March 2018

- Normal Rate : MYR 4,500
- Early Bird : MYR 3,600 by 31-01-2018
- Refresher : MYR 1,500

Training venue : A-13A-5, Northpoint, Mid Valley City, No. 1, Medan Syed Putra, 59200 Kuala Lumpur, Malaysia

Copies of documents enclosed : Police report or equivalent is attached : Yes No

[C] General / Professional Information *(for certification registrants only i.e. Level 1 - 3)*

1. How did you hear about this course?

2. My current and main occupation is

3. I am a practising member of an appropriate and relevant professional association.
(Please provide the the name of your professional associations)

4. Have you been found guilty of any offence in Malaysia or overseas? Yes No
If yes, please explain:

5. Have you been refused admission to or been asked to withdraw from a professional association or registration board? Yes No
If yes, please explain:

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6. Are you aware of any formal complaints of professional misconduct having been made to any professional association, organisation or registration board against you? Yes No
If yes, please explain:

7. Are there any complaints of professional misconduct currently under investigation in relation to your current/past work? Yes No
If yes, please explain:

[D] Affiliate

Program recommended by:

Full Name _____

NRIC No. _____

Tel No. _____

[E] Terms & Conditions

1. Early bird discount: Submission of Registration with payment before 31-01-2018.
2. Only graduates of this course are privileged for refresher fee.
3. No cancellation; but we allow substitution if you are unable to attend.
4. Cheque or bank draft to be made payable to Silva Method (M) Sdn Bhd (*our associate company*) or direct telegraphic transfer to:

Bank Name : Malayan Banking Berhad (Maybank)

Bank Account Name : Silva Method (M) Sdn Bhd

Bank Account Number : 014253403661

International Swift Code : MBBEMYKL

If by direct telegraphic transfer, kindly email or fax to us the transaction slip.

Email : customer-care@health-essentials-asia.com

Fax Number : (603) - 2282 9929

(Please write your name, contact number and program name on the transaction slip)

I acknowledge that I have read and agree to the above terms and conditions.

Participant's Signature

Date