



REGISTRATION FORM

IPD-OUM & PortsWorld Training Programme

Sunday, Date: _____, Venue : PortsWorld Training Centre, Klang

(To be completed in BLOCK LETTERS)

A. PERSONAL PARTICULARS

Full Name (Mr/Ms) : _____ NRIC No. : _____

Designation : _____ Name of Company : _____

Permanent Address : _____

Correspondence Address : _____
(if different from permanent address)

Tel No. (H) : _____ (O) : _____ Fax No. : _____

E-mail Address : _____ H/P No: _____

Date of Birth : _____ Sex : _____ Age : _____ Nationality : _____ Race : _____

B. EDUCATIONAL BACKGROUND

Name of School / Institution	Years Attended		Highest Qualification Obtained
	From	To	
Secondary : _____	_____	_____	_____
College / University : _____	_____	_____	_____
Any Special Professional Course : _____	_____	_____	_____

C. SPONSORSHIP

Company Sponsored Self Sponsored Please Tick (√)

D. SUBMITTED BY (To be filled if sponsored by company)

SBL Please Tick (√)

Name : _____ Designation : _____

Company Name: _____

Company Address : _____

Tel No. : _____ Fax No. : _____ E-mail Address : _____

E. DECLARATION

I hereby declare that the information provided is correct and complete.

Signature of Participant: _____ Date: _____

Payment Advice:
Enclosed cheque/bank draft No. _____ for RM _____ being payment for _____ participant(s) made in favour of "Ports World Sdn Bhd".

Please fax or mail the registration form to :

Aru Tel : 03-30057228 Fax : 03-30057138

E-mail : arum@portsworld.com or general@portsworld.com Website : www.portsworld.com