



On the Job Technical Training to River of Life Project
Kuala Lumpur
Tuesday 4th April 2017

5 CIDB
CCD Points
Approved

MBAM/O/05/17

REGISTRATION FORM

Closing Date: Friday, 31 March 2017

Please register the following participant(s) for the above training:

No	Name of Participants (To Be Printed on The Certificate)	Designation	NRIC No / Passport No	CIDB Green Card No Expiry Date	Mobile No
1.					
2.					
3.					

Notes: Each participant must complete the both "Letter of Indemnity and Release" (MBAM & BEWG) before the training.
Participant must bring their own PPE (Personal Protective Equipment) including safety vest, safety boots and safety helmet for the training.

PAYMENT

Member Status	Fees / Pax **	No of Pax	Amount
MBAM Member	RM150.00		
Non Member	RM250.00		
** Prices are inclusive of 6% GST		Total Amount RM	

Please Tick (✓)	Payment Method	Cheque No
	By Cheque	
	A copy of Bank-in Slip / Telegraphic Transfer to "Master Builders Association Malaysia" enclosed. MAYBANK ACCOUNT NO: 014-114-430-810	

Payment must be made before the training. Please issue a crossed cheque in favour of "**MASTER BUILDERS ASSOCIATION MALAYSIA**". Due to limited seat, registration will be accepted on first-come-first-served basis. Upon issuance of confirmation note, no cancellation will be entertained. However, substitution of participant is allowed, please inform the Secretariat in writing if there is any change in the participant on or before Friday 31 March 2017 for us to make the necessary arrangement. MBAM reserves the right to postpone or cancel the training.

ENQUIRY / REGISTRATION

For enquiry / registration, kindly contact: - **Mr. Leon Leong** at Tel: 03-79848636.

To register, please send your complete registration form to MBAM Secretariat via fax: **03-79826811** or Leon's e-mail: **mbam04@mbam.org.my** on or before **Friday 31 March 2017**.

DISCLAIMER STATEMENT

I/We shall be participating in the above visit at my/our own risk and hereby fully indemnify MBAM from all claims arising from any injury, damage or loss that may be sustained by me/us during the training.

Submitted By:-

Name: _____ Signature: _____

Name of Company: _____ Designation: _____

Telephone: _____ Fax: _____ E-mail: _____