

Registration Form:

3- DAY FAMILY PLAY WORKSHOP

WED, 29TH OCT, THURS, 30TH OCT & FRI, 31ST OCT 2014

Section 1 : Personal Particulars

Full Name: Mr / Ms / Mdm / Dr _____
 (Name as in NRIC / Passport; Please underline your surname / family name.)

Nationality: Singaporean Others (Please specify) : _____

NRIC / FIN / Passport No.: _____ Date of Birth (DD/MM/YYYY) : ____/____/____

Gender: Male Female Age: _____ Profession: _____

Home Address: _____

Contact Number: _____ (Home) / _____ (Mobile) / _____ (Office)

Email Address: _____

Section 2 : Employment Details

Employment Status: Employed Self-Employed Student Unemployed (including homemaker)

Name of Organisation/Institute (Current): _____

Designation: _____

Section 3 : Where did you first learn about this workshop?

(Please select only **ONE** source)

Website Blog
 Referral (Word of mouth)
 Email (Internal / External)

Section 4 : Admission and Payment (For Official Use)

\$642.00 (\$600.00 Course Fee + \$42.00 7% GST) CAE Student : \$588.50 (\$550.00 Course Fee + \$38.50 7% GST)

Payment Mode: Bank Transfer NETS Credit Card Cheque: _____

Cheque payable to: **College of Allied Educators Pte Ltd.**

Receipt No: _____