



International Psychology Centre®
The Centre of Excellence for Personal and Corporate Growth
All About You

Certification Program: _____

Date: _____

Please register me:-

(Please photocopy form for more than 1 person)

Full Name (Please Print):

Gender : Male Female

Address (Hse) :

(Off) :

Contact: (H/Ph): (Hse):

(Off): (Fax):

Email :

Course Fee: RM 4,800 per person

Method of Payment (please (√) where applicable)

() Cash

() Cheque No. Payable to "International Psychology Centre Sdn Bhd"

() Credit Card No.....

Name on the Card:

Visa () MasterCard () Expiry Date:

Security Number (last 3 digits behind the card).....

() Deposit in to Company's Maybank Account No. : **514-11444-2749**

Signature: Date:

- | |
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| <p>Note: • Please fax /email the completed form to info@psychology.com.my to reserve your seat(s) or send it by mail.
• Full payment must be received together with the original Registration Form</p> |
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Special Discount:

10% for Group Registration - A group of **3 and above**

10% for MPA members

For enquiries, please call: 03-27277434