

Participant's Profile

Name: _____

Designation: _____

Company*: _____

Correspondence Address: _____

Email: _____

Tel: _____ Fax: _____

** For students, please fill in the name of the institution you are studying in.*

If your employer/company is a member of GS1 Malaysia, please fill in the GS1 Prefix Number: 955 -

Courses Requested ** Please fill in the courses and fees payable. Attach a separate sheet if space is insufficient.*

No.	Course Code	Title of Course	Fees (RM)	
			GS1 Malaysia Subscriber	Others

Payment Method

By Cheque/Bank Draft No. _____ for RM _____ made in favour of
Federation of Malaysian Manufacturers

By Credit Card * Visa Master Card No. _____ Expiry Date: _____

** For on-line submission, our course coordinator will contact you for your credit card information.*

Submitted by:

Name: _____ Signature: _____

Designation: _____ Date: _____

Address**: _____

Tel**: _____ Fax**: _____ Email: _____

*** To be filled only if the form is submitted by another person on behalf of the participant(s).*

Please return completed form together with payment to:

GS1 Malaysia

No.3, Persiaran Dagang, PJU9, Bandar Sri Damansara, 52200 Kuala Lumpur.

Tel: 03-62867200 Fax: 03-62761042 Email: elearn@fmm.org.my Website: www.gs1my.org

For Office Use
