

REGISTRATION FORM

Effective Time Management Skills and Technique

April 7-8, 2021 (Wednesday-Thursday)

Remote Online Learning via Zoom

The Manager
FMM Institute
Tel: 03-55692950/4471/4171
Fax: 03-55694346
SST No:W10-1901-32000105

Please tick (√) accordingly:
PSMB Scheme: SBL-KHAS Non Contributor

Please register the following participant(s) for the above programme:
(To be completed in BLOCK LETTERS)

1. **Name** **Designation** **E-mail**

Nationality **IC/Passport No.**

2. **Name** **Designation** **E-mail**

Nationality **IC/Passport No.**

3. **Name** **Designation** **E-mail**

Nationality **IC/Passport No.**

(If space is insufficient, please attach a separate list)

Enclosed cheque/bank draft No. _____ for RM _____

being payment for _____ participant(s) made in favour of the "FMM Institute".

Submitted by:

Name: _____

Designation: _____ E-mail: _____

Company: _____ FMM Membership No.: _____

Address: _____

Tel No.: _____ Fax No.: _____ Date: _____

My Corporate Identity No.: _____