COURSE REGISTRATION FORM

**Event Information**

* Course Title: Quality Risk Management
* Delivery mode: Online / Zoom
* Dates: 18 – 19 February 2025

**Contact Information**

**Participant 1:**

* Name:
* Company:
* Address:
* Contact Number:
* Job Title:
* Email Address:
* Invoice to:
* Name on certificate:

**Participant 2:**

* Name:
* Job Title:
* Email Address:
* Name on Certificate:

**Participant 3:**

* Name:
* Job Title:
* Email Address:
* Name on Certificate:

**Payment Details**

Payment can be made via bank draft or cheque made in favor of “SeerPharma (Singapore) Pte Ltd”

**For bank transfer, our account details are:**

**Name of Beneficiary:** SeerPharma (Singapore) Pte Ltd

**Bank**: DBS Bank Ltd

**Account No.** 006-900442-8

**Swift Code:** DBSSSGSG. Please indicate company or name of individual on transfer details

**Submissions**

Please e-mail your completed registration form or registration questions to [solutions@seerpharma.com](mailto:solutions@seerpharma.com)

**Invoice and Training Certificate**

For queries on invoice, please email to [shanice@seerpharma.com](mailto:shanice@seerpharma.com)

Training certificate will be issued on completion of the course and receipt of payment.