

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

Invoice and Training Certificate

For queries on invoice, please email to shanice@seerpharma.com

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