

## COURSE REGISTRATION FORM

### Event Information

- \* Course Title: Root Cause Analysis and CAPA  
\* Delivery mode: Online / Zoom  
\* Dates: 26 – 27 March 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.