

Date: 21 July 2014

**REGISTRATION FORM FOR COACH TRANSPORT
FROM 17 – 20 OCTOBER 2014
JOINT DISTRICTS SEEING EYE TO EYE SEMINAR AT IPOH**

I would like to participate for the above seminar. My personal particulars are as follows:

Full Name (IN BLOCK): _____ Date of Birth: _____
as per NRIC / Passport

Home Address: _____

_____ Postal Code: _____ Gender: Male / Female

NRIC No: _____ Passport No: _____

Date of issue: _____ Date of expiry: _____

Tel No (R): _____ Mobile No: _____

Email address: _____

Rotary Club: _____ Others: _____

My room mate will be _____ (Please submit separate form)

Indemnity Clause

I, _____ NRIC No. _____ indemnify the organizers against any loss, personal injury or damages suffered during the course of my participation in this tour.

Signature of Applicant: _____ Date: _____

Full cost of tour S\$295.00

Deposit of S\$ _____ / Full payment received / on _____

Balance S\$ _____ due by 16th September 2014

Payment

Cheques must be crossed and made payable to: **Effective Publishing**

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<p>Effective Publishing 351 Jalan Besar #02-03 Reliance Building Singapore 208988 Tel: 63960778 Email: epublish87@gmail.com</p>
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