



“Working with you in setting and maintaining safety and quality assurance”

BOOKING FORM

Company/Individual :

Address :

Telephone No. :

Fax No.:

Booked By & Handphone No.:

Email Address :

Course Title :

Course Date :

Delegate(s) NAME	IC/PASSPORT NO.	MOBILE NO.	AMOUNT PAID (RM)
TOTAL COURSE FEES			

Note: Please follow-up with Purchase Order within 24 hours of booking.

Payment should be made payable to Total Avantgarde Sdn Bhd.

Authorized Signature & Company Rubber Stamp