

# REGISTRATION FORM

## SHORT COURSE ON 'CONTRACT ADMINISTRATION FOR SITE PERSONNEL'

DATE : 10-11 NOVEMBER 2010 (WEDNESDAY-THURSDAY)

TIME : 8.30 AM—5.30 PM

VENUE : KUALA LUMPUR

SPEAKER : IR. DON CHEE KHENG

CPD POINTS: 8

To :

Secretariat

Board of Quantity Surveyors Malaysia

17th Floor, JKR Head Quarters

Jalan Sultan Salahuddin

50582 Kuala Lumpur

Tel: 03-2696 7999 (Puan Juanidah)

03-2696 8147 (Cik Nur Hafizah)

Fax: 03-2692 5680

Please tick (✓) the relevant box:

Fee: [    ] RM500.00 Member [    ] ,RM700.00 Non-Member

\*\*I / We wish to register the following participants to attend the above CPD course. The details of the participants are as follows:-

No.	Participant's Name	BQSM Registration No.	Designation

**Payment:**

BQSM Members Registration Fees [RM 500.00 x ..... Pax] : RM.....

Non Members Registration Fees [RM 700.00 x ..... Pax] : RM.....

Less CPD voucher [Serial No:.....] : RM.....

Total Registration Fees Paid : RM.....

I / We enclosed a \*\*crossed cheque / money order/ bank draft/ postal order No. .... for the sum of RM..... Issued in favour of 'LEMBAGA JURUUKUR BAHAN MALAYSIA-AKAUN CPD'.

**Submitted by:**

Name : ..... Position : .....

Firm's Name and address : .....

Tel No. : ..... Fax: ..... Email : .....

Please submit the registration form for the above CPD Course to BQSM Secretariat as per the address stated above. All payment must be made and fully paid up at least **3 working days** before the course or to be bank-in into the following account:

Name : **LEMBAGA JURUUKUR BAHAN MALAYSIA - AKAUN CPD**  
 Account No. : **A/C 5641 5522 1572**  
 Bank : **Maybank Berhad**  
 Branch : **Jalan Raja Laut, Kuala Lumpur**

Please ensure that the name written is clear and accurate to avoid any mistake being printed on the certificate and name tag. For further details of the CPD Talk, kindly contact the Secretariat at Tel no.: 03-2696 7809/ 7987.

For participants using Local Order (L.O), please submit your L.O before the course and provide the accounts department contact details for payment purpose:

Name : ..... Position : .....

Tel No. : ..... Fax: ..... Email : .....

**Please take note that participants from the public sector who are unable to produced the L.O. before the course will be required to make the payment for the registration fee first and to claim back from the respective agencies/ department.**

.....  
Signature & Company's stamp

Date: .....