



NATIONAL INSURANCE CLAIMS SOCIETY
(Fax: 03-2691 5229 on / before Friday, 30 May 2014)

EDUCATIONAL VISIT TO PUSPAKOM

SHAH ALAM CENTRE
LOT PT 5143, NO 2, JALAN JIJAN 25/35
SEKSYEN 28, SHAH ALAM

THURSDAY, 12 JUNE 2014

REGISTRATION FORM

We nominate the following person to attend:

FEE - RM250.00 PER PARTICIPANT
(Limited 2 Seats Per Member Company)



COMPANY : _____

(Please furnish fullname to appear in Certificate of Attendance)

1.	<u>NAME & DESIGNATION</u>	<u>EMAIL & CONTACT NO.</u>
	_____	_____

2.	<u>NAME & DESIGNATION</u>	<u>EMAIL & CONTACT NO.</u>
	_____	_____

Address : _____

Contact Person : _____

Tel : _____ Fax : _____

Email : _____

Signature / Name

Enclosed is Cheque No : _____ for _____ being payable to
NATIONAL INSURANCE CLAIMS SOCIETY.

Note: Submission of this signed Registration Form together with full Payment to the Secretariat is considered as Confirmed Registration.