

REGISTRATION FORM

Familiarisation on Operational Use of ECDIS

To : SMOU One Stop Service Centre / Wavelink Maritime International
75 Jellicoe Road, #02-01, Wavelink Building Singapore 208738

Tel : 6390 1601 / 6390 1651 Fax : 6396 5545 / 6291 0700

Email : chewling@smou.org.sg / kevin@wavelink.com.sg

Preferred Course Date

10 - 11 March 2008 (Mon - Tue)

14 - 15 April 2008 (Mon - Tue)

Participant Details

(1) Name: _____ Designation: _____ Mobile: _____

Email: _____ NRIC No: _____ CDC No: _____

(2) Name: _____ Designation: _____ Mobile: _____

Email: _____ NRIC No: _____ CDC No: _____

(3) Name: _____ Designation: _____ Mobile: _____

Email: _____ NRIC No: _____ CDC No: _____

Company Details (If Applicable)

Company Name: _____

Address: _____

Contact Person: _____ Designation: _____ Email: _____

Note

- ◆ 10% discount for members of **SNAMES, SNI, SSA** and **ASMI**. Membership card is required for verification.
- ◆ Group discount of 10% will be given to non-members with a minimum of 3 pax.
- ◆ Course Fee includes training materials, lunch and refreshments.
- ◆ A Certificate will be issued to participants upon completion of the course.
- ◆ Registration is subject to availability and on a first come first served basis.

Terms and Conditions

1. All cheques must be crossed and made payable to **WAVELINK MARITIME INTERNATIONAL PTE LTD.** Payment must be received before course commences. Kindly state course title behind cheque.
2. Participants must give a minimum of 14 days written notification for cancellation or postponement, failing which, SMOU/ Wavelink reserves the right to charge the full course fee.
3. Full course fee is still chargeable for any participant who fails to complete the course.
4. SMOU/ Wavelink reserves the right to appoint at its sole discretion, a qualified trainer to conduct the course and/ or to postpone/ cancel the course without liability should a qualified trainer be unavailable.

For Official Use

SMOU - S\$ _____

Special - S\$ 481.50

Normal - S\$ 535.00

Mode of Payment: _____

Receipt No: _____