



GROUP REGISTRATION FORM

Course Title:	
Course Date:	

Name (in English) Specify Mr. or Mrs. Or Ms.	1.....	5.....
	2.....	6.....
	3.....	7.....
	4.....	8.....
Name (in Khmer):	1.....	5.....
	2.....	6.....
	3.....	7.....
	4.....	8.....
Organization:		
Email address:		Phone:

Date: _____

Signature from Authorized Manager

- Note:
1. The payment has to be made in full before the start of the training.
 2. The payment is non-refundable.
 3. 20% of the total fee will be charged for cancellation after registration.
 4. 50% of the total fee will be charged, if the cancellation is made within 2 weeks before the training date.