

# REGISTRATION FORM 报名表



Activity that I'm joining / 有意参加的活动 :

Classes 课程	Workshop 工作坊	Talk 讲座

Name 姓名 (中/ 英) : \_\_\_\_\_

Gender 性别 : 男/女      Marital status 婚姻状态 : Married 已婚 / Single 未婚 / Divorced 离婚

Identity Card No. 身份证号码 : \_\_\_\_\_

Education background 学历 : \_\_\_\_\_ Occupation 职业 : \_\_\_\_\_

Address 联络住址 :  
\_\_\_\_\_  
\_\_\_\_\_

Contact 联络号码 : (House) \_\_\_\_\_ (H/P) \_\_\_\_\_

(Fax) 传真号码 : \_\_\_\_\_ E-mail 电邮 : \_\_\_\_\_

- .....
- 请填妥报名表, 并传真 (03-80637981) 或e-mail 至 [consult@turningpoint.org.my](mailto:consult@turningpoint.org.my)
  - 以支票/汇票 ( Wang Pos ) 付款者, 支票抬头注明: Turning Point Integrated Wellness Sdn Bhd, 并邮寄至本中心。
  - 银行汇款/转账 ( 本中心银行账户: Citibank Puchong ; 账户号码: 1178919003 ; 请传真/电邮银行存根至本中心以示完成缴费手续 )
  - 本中心有权筛选及录取适合本课程之学员, 以保障课程品质与学员学习成效; 若申请不被录取, 报名费将原银退还申请者。本中心收到表格及费用后会联络您以确认报名情况。
  - 联络: 蔡小姐 ( Miss Choy ) 或 Wilson ( 郑先生 ) 012-3758389  
10-2 & 10-3, Jalan Puteri 2/4 Bandar Puteri, 47100 Puchong, Selangor.  
Tel: 03-80638981 Fax: 03-80637981  
Website : [www.turningpoint.org.my](http://www.turningpoint.org.my) Email: [consult@turningpoint.org.my](mailto:consult@turningpoint.org.my)

Please send in your application form to: Turning Point Integrated Wellness Sdn Bhd

Address: 10-2 & 10-3, Jalan Puteri 2/4, Bandar Puteri, 47100 Puchong, Selangor, Malaysia.

or fax to : 03-80637981 or email to : [consult@turningpoint.org.my](mailto:consult@turningpoint.org.my) together with your cheque or bank-in slip.

For further detail, call 03-80638981

All cheque please make payable to Turning Point Integrated Wellness Sdn Bhd

Bank Account: Citibank Puchong; Account Number: 1178919003

*"Turning Point reserves the right to select suitable participants for the classes & workshops. We'll return the registration fees should you are not selected for the course."*