## Strategy Technology Management Institute

Cou	ırse Title:					
PA	RTICIPANT <sup>'</sup>	S PARTICULARS				
	I name: (Mr er NRIC/passport)	./Ms./Mdm./Dr.*)				(Please underline surname)
Nationality:			NRIC/Passport/FIN* Number:			
Country of origin:		Race:		Date of birth:	(DD/MM/YYYY)	
Ad	dress:					
Email address:						
_		ional qualification:				
		ments: Normal (Halal) / Vegetari				
		r interest in the course:				
Sponsorship: Self-sponsored/Company-sponsored* Employment status: Employed/Unemployed*  Job Title:						
Job	Title:		Department: .			
СО	MPANY IN	FORMATION				
Coi	mpany namo	<u>5</u>				
Coi	mpany addr	ess:				
					Postal code:	
PA	YMENT INF	ORMATION				
Cos	st:					
□\$	\$288* Singapore Citizens under the Workfare Training Support scheme (WTS)					
□\$	\$1368* Singapore Citizens aged 40 and above, eligible for the SkillsFuture Mid-Career Enhanced Subsidy/Sl					
□\$	\$2208* Singapore Citizens (aged between 21 and 39) or PRs (aged 21 and above)					
□\$	\$2568* International Students					
Pay	ment Meth	od: Cash/Cheque/Invoice*				
Bill	ing Informa	tion for Invoice				
Billing company:					Department:	
Bill	ing address:				Attention to:	
		Po	stal code:		Contact number:	
Notes 1. 2.	A reservation is mad Payment (in Singapo Payment may be ma mail the cheque wit Terrace, Singapore Programme details after confirmation e	are subject to changes without prior notice. Course dates are	gapore". Please 11 Heng Mui Keng	(Applicant's signature)		Date (DD/MM/YYYY)

<sup>\*</sup>delete where applicable