



## SINGAPORE LOCAL SERIES Registration Form

For registration, please email the completed form to **Dave** at: [davegoh@ahd.com.sg](mailto:davegoh@ahd.com.sg)

**Closing Date:** 1 week before the commencement date or when all workshop places are filled, whichever is earlier.

Registration is on a **first-come-first-served** basis upon receipt of payment.

### Personal Particulars

Full Name (to be printed on certificate): \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_ Other Special Needs (if any): \_\_\_\_\_

### Professional Background

Name of Organization: \_\_\_\_\_

Type of Organization:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Private Practice               | <input type="checkbox"/> Hospice / Palliative Care | <input type="checkbox"/> Hospital     |
| <input type="checkbox"/> Community Services             | <input type="checkbox"/> Educational Institution   | <input type="checkbox"/> Funeral Home |
| <input type="checkbox"/> Others (please specify): _____ |  |                                       |

Discipline of Profession:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Psychologist                   | <input type="checkbox"/> Social Worker                    | <input type="checkbox"/> Counsellor / Therapist |
| <input type="checkbox"/> Clergy / Pastoral Care         | <input type="checkbox"/> Marriage & Family Therapist      | <input type="checkbox"/> Physician / Nurse      |
| <input type="checkbox"/> Professor / Lecturer           | <input type="checkbox"/> Researcher                       | <input type="checkbox"/> Funeral Service        |
| <input type="checkbox"/> Coach                          | <input type="checkbox"/> Art or Expressive Arts Therapist |   |
| <input type="checkbox"/> Others (please specify): _____ |   |   |

### Registration

Name of Workshop: \_\_\_\_\_

(Please tick the appropriate box below)

- |  |                        |
|--|------------------------|
| <input type="checkbox"/> Early Bird (Please kindly <u>note the Expiry Date</u> for each workshop.) | <b>Fee</b><br>SGD\$675 |
| <input type="checkbox"/> Regular Rate  | SGD\$750               |

### How did you come to know this workshop?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Colleagues / friends | <input type="checkbox"/> PI website / publicity | <input type="checkbox"/> AHD website / publicity |
| <input type="checkbox"/> SAC publicity        | <input type="checkbox"/> Others: _____          |  |



**Payment** (Please indicate billing instructions and mode of payment below)

Bill to the following organisation:

Attention to: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Organisation: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Address of Organisation: \_\_\_\_\_

Local Cheque

- Please make it payable to **Academy of Human Development Pte Ltd**, and indicate behind a) Workshop Dates; and b) Name of Participant(s).
- Please mail the completed form and cheque to **Academy of Human Development Pte Ltd, 43 Middle Rd, #03-00, Boon Sing Building, Singapore 188952** (Attention to: Mr Dave Goh).

Internet Banking

- Bank Account Name: Academy of Human Development Pte Ltd
- Bank Name: OCBC Bank
- Bank Account Number: 5330-5852-5001
- Bank Code: 7339; Brank Code: 533
- Please input your full name for the bank reference.
- Please provide a copy of Bank Transfer Reference or a print screen with payment date, amount and reference number.

**Terms and Conditions**

1. You will receive a confirmation of registration via email upon successful payment.
2. Refund policy  
Should you be unable to attend the *Singapore Local Series* after registration, you may write in to the Academy of Human Development (AHD) to request for withdrawal and refund according to the following guidelines:
  - a) Before 1 month from the commencement date: refund minus 15% service fee
  - b) Within 1 month from the commencement date: No refund permitted
3. PI reserves the right to make any necessary changes to the *Singapore Local Series* workshops without prior notice to the participants.

**Agreement**

- By signing this form, I acknowledge and agree with the above-mentioned terms and conditions. I consent to the use of my personal data and payment details by PI and its Learning Partner, AHD, for this registration.
- I DO NOT wish to be included in PI's mailing list for its future updates on matters pertaining to PI-related workshops, events and services.
- I would like to subscribe to AHD's mailing list for its future updates on matters pertaining to AHD-related training programmes and services.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

We regard the privacy of your personal data as important and we are committed to accord your given data the due level of care, as presented in this document and consistent with the Personal Data Protection Act 2012.