

# PROGRAM APPLICATION FORM

HRD CORP CLAIMABLE PROGRAMME

## PROGRAMME DETAILS

PROGRAM TITLE: LEADING WITH COLORED BRAIN COMMUNICATION

DATE: 7 - 8 MAY 2024

VENUE: CONCORDE HOTEL, KUALA LUMPUR

## ORGANISATION DETAILS

Name and address of organisation:	Contact person :
	Department :
	Telephone No. :
	E-mail address :

## PARTICIPANTS DETAILS

Name	NRIC/Passport No.	Department	Designation	E-mail address
1.				
2.				
3.				
4.				

## PROGRAMME INVESTMENT

	Normal Fee	Early Bird <i>(Registration before 2 April 2024)</i>
Workshop Fee	RM 1,890 + 8% SST	RM 1,690 + 8% SST

## TERMS AND CONDITION

1. Payment of the programme must be made before the event.
2. Cancellation of any participants must be made in written and is only allowed 14 days prior in advance from event date to receive 100% refund.
3. 50% refund will be given if less than 14 days before the event. If less than 3 days, no refund will be given.
4. No refund shall be given for "no show".
5. Substitution can be made before the event without any penalty.
6. The organiser reserve the right to cancel or to make any amendments to the venue, time and date of the event. Notice will be given in advance.

## PAYMENT INFORMATION

<p>Payment instruction:</p> <ol style="list-style-type: none"> <li>1. All fee must be paid in advanced before the programme.</li> <li>2. All cheque to be crossed and made payable to <b>LEAP LEADERSHIP ACADEMY SDN BHD</b></li> <li>3. Payment must be banked in to <b>Maybank Islamic Berhad</b> account number : 562807534443 Swiftcode: MBISMYKL</li> <li>4. Proof of payment is to be submitted with the form to <a href="mailto:info@leap.com.my">info@leap.com.my</a></li> </ol>	<p><i>*FOR HRD CORP CLAIMABLE</i></p> <p>I declare that the participant(s) listed above are employee of our company. I hereby agree that the fee will amounting RM ..... will be debited from levy account. In the event the above-mentioned participants fails to attend, Leap Leadership Academy Sdn Bhd reserves the right to charge above fee from your organisation.</p>
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## DECLARATION

I declare that the participant(s) listed above are an employee of our company and the information stated herein is true and correct.

AUTHORISED SIGNATORY: \_\_\_\_\_ Company stamp: \_\_\_\_\_

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Date: \_\_\_\_\_