

Program Registration Form Program Title: Transport Impact Assesment Seminar			
Particulars of participant			
Name*:		Country*:	
Job Title*:		Telephone*: Fax*:	
Department*:			
Organisation*:		Number of persons attending*: (If more than one, please attach particulars.)	
Passport / FIN*:			
Email*:			
Contact person for billing pu	urpose (if not t	he participant)	
Name*:	Mailing address*:		Telephone*:
Job Title*:			Fax*:
Department*:			Email* :
Payment of fee			
I would like to register for (please tick $\sqrt{*}$):			
Seminar @ S\$250 (before GST) per pa Payment by (please tick $\sqrt{*}$: I enclose my bank cheque payable to "I I am paying by cash (payment must be	Land Transport Autho		
Sign and register			
Authorised signature [*] :			
Date:		I send signed and completed form by (please tick [*]): Fax to (65) 6585 8082 Email to <u>LTA-Academy@lta.gov.sg</u> (to attach completed form)	
Terms and Conditions Withdrawals/Refunds of Fees 1. Notice of withdrawal must be given in v More than 14 working days befor Less than 14 but more than 7 w Within 7 working days before th Late/No Show of Confirmed Pa	ore the commencement orking days preceding e commencement dat rticipants	nt date : <i>Full refund</i> g commencement : 50 % te : No refund	refund
2. In the event that any confirmed participant comes late or does not turn up for the programme, the participant will have to bear all the pre-booked accommodations costs incurred.			
Late interest payment charges 3. LTA Academy reserves the right to cha 2% p.a. above the average prevailing prin			

Note: * are mandatory input fields