

PTK, 5th Floor, Wisma 2000, Jalan Hang Lekir, 50050 Kuala Lumpur

Fax No: 03 - 2078 9529

## REGISTRATION FORM NLP For Teens 2016 - School Holiday Program

Name of Parent/s (per IC) (Mr/Mrs/ Ms):		NRI	NRIC No:	
Desi	ignation:			
Nam	ne of Company & Address:			
Tel:	(Off) (H/P):	E-mail:		
How	did you find out about the workshop	? □ Website □ Friends & family □ Faceboo	ok 🛮 Whatsapp. 🖺 Conference	
How	many will attend?	Workshop Fee: RM488.00 per person.		
Plea	se list the names of participants / scho	ools and contact numbers.		
No	Name of Participant (Student)	School	Hand phone no.	
1				
2				
3				
4				
5				
Mod	de of PAYMENT			
Che	que payable to "Kasturi Academia Sdn.	. Bhd.", OR Bank into Public Bank 3993 240	521	
Plea	se show proof of payment by giving us	s a copy of the bank-in slip via whatsapp 0	18 – 9888 436 with name.	
Plea	se register and pay early as seats are li	mited. No refund will be entertained.		
I here	eby declare the above information is correct and	I complete. I consent to the use of the personal data f	or purpose as declared under the	
Perso	onal Data Protection Notice. PTK may collect, pro	ocess and use the information above to provide me w	ith the latest information on services	
offere	ed by Pusat Tuisyen Kasturi.			
	 Signature	 Date		