



**International Psychology Centre
Centre of Excellence for Personal & Corporate Growth**

Family Therapy Certification Program

Please register me:-

(Please photocopy form for more than 1 person)

Full Name :

Gender : Male Female I/C Number (New):

Address (Hse) :

(Off) :

Contact: (H/Ph) : (Hse) :

(Off): (Fax):

Email:

Course Fee: RM 4, 800 per person

Method of Payment (please (√) where applicable)

() Cash

() Cheque No. Payable to "**International Psychology Centre**"

() Credit Card No.

Name on the Card:

Visa () MasterCard () Expiry Date:

Security Number (last 3 digits behind the card).....

() Deposit in to Company's Maybank Account No. : **514-11444-2749**

Signature: Date:

Note: • Please fax /email the completed form to Fax No. 03-7980 6332 / info@psychology.com.my to reserve your seat(s) or send it by mail.
• Full payment must be received together with the original Registration Form

For enquiries, please call: 03-7982 4424