

# REGISTRATION

To receive information or register for the workshop, please provide us the following details and send us via fax, email or mail:

Workshop \_\_\_\_\_ Workshop date \_\_\_\_\_

Mr Mrs Miss \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Adress \_\_\_\_\_

Tel/Hp \_\_\_\_\_ Email \_\_\_\_\_

I enclose my cheque of \_\_\_\_\_

made payable to :

**Health Sense (M) Sdn Bhd**

379A, Jalan Ampang

Kuala Lumpur 55000

Tel/Fax: 03 - 42511389

HP: 012 - 3666 386

Email: [myriam@absolutehealthsense.com](mailto:myriam@absolutehealthsense.com)

[www.absolutehealthsense.com](http://www.absolutehealthsense.com)

*Cheque should be made in favour of **Health Sense (M) Sdn Bhd***

**Banking Details for payment:** Account Name: Health Sense (M) Sdn Bhd Account Number: 5145 4310 2118

*Please fax us payment slip*

Signature \_\_\_\_\_

Date \_\_\_\_\_