

# Empowering Women

## IN THE WORKPLACE

### Payment Form

Name

IC No.

Mobile No.

E-mail Address

### CREDIT CARD DETAILS

Please tick ✓ where applicable:

Visa     Mastercard     AMEX

Credit Card No.

Card Expiry Date  MONTH  YEAR

Cardholder's Name

Signature of Cardholder

Date

Please fax this form to Mr Nelsen Ng at 03-79577641.

#### Disclaimer

All payments must be made within 7 working days from the date of registration.  
If payment is not received by then, registration will be considered null and void.

