

**CONFIDENTIAL - PARTICIPANT REGISTRATION FORM**

<b>(A) PERSONAL INFORMATION</b>		
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Ms <input type="checkbox"/> Others:_____		
Family/Last Name: <i>(As per passport/NRIC)</i>		Given/First Name: <i>(As per passport/NRIC)</i>
Preferred Name <ul style="list-style-type: none"> <li>• <i>To be displayed on name badge:</i></li> <li>• <i>To be displayed on participant certificate:</i></li> </ul>		
Nationality:	NRIC No: <i>(for Singaporeans/Singapore PRs)</i>	Passport/FIN No: <i>(for foreigners)</i>
Company:		Company Address:
Designation:		
Country where Participant is Based:		
Mobile No.:  <i>country code    area code        telephone</i>		Email:
Dietary Restrictions (if any): <i>(All food served will contain NO pork and lard)</i>		

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<b>(B) PROGRAMME FEES &amp; BILLING INFORMATION</b>	
<b>1. PROGRAMME FEE</b>	
<p>Programme Fee: SGD 9,800 (excludes 7% Goods and Services Tax)                  Rate for 2 participants : 20% discount / SGD 7,840 per pax / SGD 15,680 for 2 pax / Cost excludes 7% Goods and Services Tax                  Rate for 3 participants : 40% discount / SGD 5,880 per pax / SGD 17,640 for 3 pax / Cost excludes 7% Goods and Services Tax                  Programme Fee includes:</p> <ol style="list-style-type: none"> <li>1. Course materials</li> <li>2. Daily coffee breaks and lunch</li> <li>3. All networking events hosted by HCLI</li> </ol>	
<b>2. BILLING INFORMATION</b>	
Please note that an original invoice will be issued based on the information provided below.	
Bill To: (Name of Individual or Name of Company)	
Billing Address:	
Company Registration No.:	
Attention Invoice To:	
Contact No.:	
Email Address:	
<b>3. CANCELLATION AND REPLACEMENT POLICIES</b>	
<b>a. Cancellation Policy</b>	
In the event that the participant/organisation wishes to cancel this application for any reason, HCLI must be notified in writing. The corresponding cancellation fees shall be payable.	
<b>Cancellation Dates</b>	<b>Cancellation Fee Payable</b>
Before 15 Oct 2017	No cancellation fee
Between 15 Oct to 1 Nov 2017 (dates inclusive)	50% of the applicable Programme Fee
After 1 Nov 2017	100% of the applicable Programme Fee
<b>b. Replacement Policy</b>	
In the event that the participant/organisation wishes to nominate a replacement for any reason, HCLI must be notified in writing of the replacement before 1 Nov 2017. All replacements will be subject to HCLI's approval. In the event that the proposed replacement is not eligible for any subsidy applied for the initial participant, the difference in fees shall be payable. No replacement will be accepted after 1 Nov 2017.	
I have read the cancellation and replacement policies and accept the terms.	
Signature	Date
Name :	
Designation :	
Organisation :	

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<b>(C) INFORMATION TO BE COMMUNICATED EXTERNALLY</b>	
<b>1. THE PARTICIPANT</b>	
<input type="checkbox"/> Biography of participant (in narrative format, 150-200 words)	
<input type="checkbox"/> Photo of participant (profile image, colour, high resolution - 300 dpi, approximate file size of 800kb)	
<p>*Please send the above two documents as separate files (do not incorporate the photo into the biography), together with completed Registration Form.</p>	
<b>2. DISCLAIMERS &amp; REQUEST FOR CONSENT</b>	
<p><b>SHARING OF PARTICIPANT INFORMATION</b>            I understand that my name, biography, photo and company/organisation’s profile will be uploaded on the Global- Asia LAP website.</p>	
<p><b>VIDEO/AUDIO RECORDINGS &amp; PHOTOGRAPHY</b>            As a participant of the Global-Asia LAP, I understand that I may appear in photographs and videos that are captured in the course of the programme and grant HCLI permission to use these materials in the development of marketing collaterals for Global-Asia LAP and HCLI in the future.</p>	
<p><b>CONSENT CLAUSE</b>            By submitting this Form, you hereby agree that the Human Capital Leadership Institute Pte. Ltd. (HCLI) may collect, use and disclose your personal data that you provide in this Form for the purpose as stipulated in this Form and for sending you updates about the various events, courses, seminars and related activities organized or co-organised by HCLI. You also consent to the disclosure of your personal data to HCLI partners/affiliates and other third party service providers that HCLI may engage from time to time. If you are providing someone else’s personal data or submitting this Form on behalf of someone else, you hereby declare that you have obtained consent from the named individual(s) in this Form, for the collection, use and disclosure of his/her personal data by you to HCLI, HCLI business partners and other third party service providers.</p>	
<p>HCLI respects the privacy of individuals and recognizes the importance of the personal data you have entrusted to us and believe that it is our responsibility to properly manage, protect, process and disclose your personal data. We will collect, use and disclose your personal data in accordance with the Personal Data Protection Act 2012. If you would like to find out more about Personal Data Protection Statement, please view our Privacy Statement at <a href="http://www.hcli.org/pdp-statement/">http://www.hcli.org/pdp-statement/</a> or contact us at <a href="mailto:contactus@hcli.org">contactus@hcli.org</a></p>	
<p>Should you wish at any time to withdraw your consent for the collection, use and/or disclosure of your personal data after submitting this Form, please contact us at <a href="mailto:contactus@hcli.org">contactus@hcli.org</a></p>	
<b>ACKNOWLEDGED BY THE PARTICIPANT</b>	
<p>_____</p>	
Signature	Date
Name :	
Designation :	
Organisation :	