

REQUEST A QUOTE FORM
LEAN SIX SIGMA (LSS) PROFESSIONAL TRAINING



COMPANY INFORMATION

Name : _____
Address : _____

Tel : _____ Fax : _____

CONTACT PERSON

Name : _____
Designation : _____
Tel : _____
e-mail : _____

TRAINING DETAILS (Please tick)

LSS Green Belt	<input type="checkbox"/>	Date : _____	Number of participants : _____
LSS White Belt	<input type="checkbox"/>	Date : _____	Number of participants : _____
LSS Champion	<input type="checkbox"/>	Date : _____	Number of participants : _____

Please refer to training schedule for the date

Accommodation required? Yes No