

REGISTRATION FORM
LEAN SIX SIGMA (LSS) PROFESSIONAL TRAINING



COMPANY INFORMATION

Name : _____
Address : _____

Tel : _____ Fax : _____

CONTACT PERSON

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

For group registration (more than 4 pax), please attach separate list of participants details and key in the contact person above for communication

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

PARTICIPANT INFORMATION

1) Name : _____
Designation : _____
e-mail : _____
2) Name : _____
Designation : _____
e-mail : _____
3) Name : _____
Designation : _____
e-mail : _____
4) Name : _____
Designation : _____
e-mail : _____

Accommodation required? Yes No

**Confirmed participants will receive an email from administrator within 3 working days after submission of application including invoice*