REGISTRATION FORM
PUBLIC SPEAKING: EFFECTIVE PRESENTATION
29 March 2016

PARTICIPANT INFORMATION

NAME:

STAFF / STUDENT ID:

CONTACT NO.:

EMAIL:

ADDRESS:

*** Payment made is not refundable.**
*** Please return this form to Professional Development Unit, Language Centre, UUM latest by 24 March 2016.**

HEAD OF DEPARTMENT APPROVAL

☐ Approved / Disapproved

Remarks: _____

_____ _____
Signature, Name and Official stamp Date

_____***For Office Use Only***_____

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