

REGISTRATION FORM
Let's Learn Korean Language
3, 10, 17, 24 and 31 May 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 28 April 2016.

HEAD OF DEPARTMENT APPROVAL

☐

Approved / Disapproved

Remarks: _____

Signature, Name and Official stamp

Date

For Office Use Only

PAYMENT

☐

Cash (RM 270.00)

☐

Cheque

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VoT

Received by : _____

Date : _____