

# Adventure -Based Leadership & Team Building Development Programme



**PUBLIC PROGRAMME : September -December 2003**

Executive Leadership And Team Building Programme ( 4 Days )		Adventure-Based Team Building Programme ( 3 Days )	
Course No	Date	Course No	Date
ELEP 9/2003	2-5 Sept 2003	ABT 9/2003	12-14 Sept 2003
ELEP 10/2003	6-9 Oct 2003	ABT 10/2003	10-12 Oct 2003
ELEP 11/2003	1-4 Dec 2003	ABT 11/2003	12-14 Dec 2003
<b>Fee : RM 1000.00 per participant</b>		<b>Fee : RM 850.00 per participant</b>	
Supervisory Leadership And Team Building Programme ( 3 Days )		Corporate Team Building Programme ( 2 Days )	
Course No	Date	Course No	Date
SL 9/2003	19-21 Sept 2003	CTB 9/2003	27-28 Sept 2003
SL 10/2003	17-19 Oct 2003	CTB 10/2003	24-25 Oct 2003
SL 11/2003	19-21 Dec 2003	CTB 11/2003	27-28 Dec 2003
<b>Fee : RM 800.00 per participant</b>		<b>Fee : RM 650.00 per participant</b>	

## Training Venue : PULAU PANGKOR, PERAK.

Training grant is available under SBL SCHEME. Registration and confirmation should be at least 2 week before the commencement of the selected course. Once registration is confirmed, no cancellation is allowed. We have the right to change the programmed date or cancel the programmed due to unforeseen circumstances in which case all fees will be refunded. The course joining instruction will be issued upon confirmation.

**For In-house /Customised Programme :** Kindly utilised the *Analysis Form* attached. Comprehensive proposal will be submitted upon receiving the form.

Yes, we are interested to:

\* Please tick the appropriate box.

Please register the following participant(s) for Course No: \_\_\_\_\_

1. Name \_\_\_\_\_ Designation \_\_\_\_\_
2. Name \_\_\_\_\_ Designation \_\_\_\_\_
3. Name \_\_\_\_\_ Designation \_\_\_\_\_
4. Name \_\_\_\_\_ Designation \_\_\_\_\_

(If space is insufficient, please attach a separate list)

**Payment:** Enclose cheque/bank draft No: \_\_\_\_\_ for RM \_\_\_\_\_  
being payment for \_\_\_\_\_ participant (s) . Kindly make cheque / bank draft payable to  
"FOREMOST MANAGEMENT CONSULTANCY".

Get more detail. Please contact Mr./ Ms. \_\_\_\_\_ to fix for an appointment.

<b>Submitted by:</b>	Company name : _____
Address: _____	
Post Code: _____	Tel No: _____ Fax No: _____
Name: _____	Designation: _____ Signature: _____



Kindly mail /fax this form to:

**FOREMOST MANAGEMENT CONSULTANCY**

No.210 A, Taman Seluang, Jalan Lunas, 09000 KULIM, Kedah. Tel: 604-4905898, 604-4931979 Fax: 604-4905932 E-mail: admin@myforemost.com

**Visit Our Website at <http://www.myforemost.com>**

**Registration Form**