



Registration Form

Course Title : **Science Exploratory**

Fee : \$150

Centre : *Goldhill Plaza Centre*
 Hougang Mall Centre
 Tampines Concourse Centre

Program Date : _____ Time : _____

Name of Student : _____

School : _____ Level : _____

Name of Parent : _____

Address : _____

_____ S ()

E-Mail : _____ Contact No : _____

Please fax completed form to 6353-5595.

Mail cheque payable to **Mind Map Training Centre Pte Ltd** within 3 days to confirm your registration:

Goldhill Plaza Centre: 1 Goldhill Plaza Podium Block #02-49 Singapore 308899

Hougang Mall Centre: 90 Hougang Avenue 10, #05-07 Hougang Mall Singapore 538766

Tampines Concourse Centre: 11 Tampines Concourse #01-08 Singapore 528729

* Please indicate name of child and Course Title at the back of your cheque.

FOR OFFICE USE:

Status:	Dates / Time Allocated:	Remarks:
#		