



REGISTRATION FORM

PREVIEW OF HELP UNIVERSITY'S MASTER OF ENTREPRENEURSHIP

I am interested to attend the preview of the above programme at the venue, time and date to be informed later by PSMB. Please register me. I can be contacted through the details below:

Name:	
Telephone No.:	
Email:	
Name of Company:	
Company No.:	
Company Address:	

Thank you.

Yours sincerely,

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Note: Please fax this registration form to Hafez Kamaruddin on (03) 2096 4949