

----- Registration Slip -----

To: KLSCCCI's Secretariat

Fax: 03-4253 2524 / 0

**SIRIM Industry Dialogue (3-11-2015)**

I / We shall attend the above event.

Company : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Membership : \_\_\_\_\_  
No. \_\_\_\_\_

E-mail : \_\_\_\_\_

Tel : \_\_\_\_\_ ; Fax : \_\_\_\_\_

Participant(s) :

(1) Name : \_\_\_\_\_ ; Designation : \_\_\_\_\_

(2) Name : \_\_\_\_\_ ; Designation : \_\_\_\_\_

(3) Name : \_\_\_\_\_ ; Designation : \_\_\_\_\_

Thank you.

\_\_\_\_\_  
Date: