

Course Application Form – Group Registration

(Please refer to “Application Guidelines” on the payment page of our website before completing this form)

1. We wish to register the participants below for the following course/s (please list the desired courses below):

| No | Course Date/s | Course Title | No of Pax | Fees |
|--------------------------|--|--|-----------|------|
| <input type="checkbox"/> | 13 th – 17 th October 2025 | Strategic Policy & Outcomes Management under an IRBM Environment | | |
| | | | | |
| Total Fees (USD) | | | | |

Note 1: For payment procedures and registrations, please refer to the guidelines/procedures on the payment page of our website.

Note 2: Payment Method – Please indicate which payment method was used. 1. PAYPAL ☐ 2. TELEGRAPHIC TRANSFER ☐

Note 3: Discounts: Group Discount: 10% per person for groups of 3 or more persons from the same organization (proof required)

2. Funding Source (tick as appropriate): Government Sponsored ☐ Donor – Sponsored ☐ Own Expense ☐

3. If sponsored, name of sponsoring agency:

4. Participants’ Details:

PARTICIPANT 1:

Applicant’s Full Name (as in passport): First Name: _____ Last Name _____

Organization: _____

Current Position: _____ Nationality: _____

Primary Email: _____ Alternate E-Mail Address: _____

Contact Phone Number: _____ Fax Number: _____

PARTICIPANT 2:

Applicant’s Full Name (as in passport): First Name: _____ Last Name _____

Organization: _____

Current Position: _____ Nationality: _____

Primary Email: _____ Alternate E-Mail Address: _____

Contact Phone Number: _____ Fax Number: _____

PARTICIPANT 3:

Applicant’s Full Name (as in passport): First Name: _____ Last Name _____

Organization: _____

Current Position: _____ Nationality: _____

Primary Email: _____ Alternate E-Mail Address: _____

Contact Phone Number: _____ Fax Number: _____

PARTICIPANT 4:

| | |
|---|---------------------------|
| Applicant's Full Name (as in passport): First Name: | Last Name |
| Organization: | |
| Current Position: | Nationality: |
| Primary Email: | Alternate E-Mail Address: |
| Contact Phone Number: | Fax Number: |

PARTICIPANT 5:

| | |
|---|---------------------------|
| Applicant's Full Name (as in passport): First Name: | Last Name |
| Organization: | |
| Current Position: | Nationality: |
| Primary Email: | Alternate E-Mail Address: |
| Contact Phone Number: | Fax Number: |

PARTICIPANT 6:

| | |
|---|---------------------------|
| Applicant's Full Name (as in passport): First Name: | Last Name |
| Organization: | |
| Current Position: | Nationality: |
| Primary Email: | Alternate E-Mail Address: |
| Contact Phone Number: | Fax Number: |

*Note: * You must have a valid email address for communication and registration confirmation)*

5. Confirmation: I hereby certify that the information given above is true to the best of my knowledge. I hereby also confirm that all participants listed above have obtained the relevant approval from agency/organization to attend the above course/s.

| | | | | |
|-----------------------------------|-----------|---------------------------|-----------|------|
| Name of Authorized Representative | Signature | Name of Approving Officer | Signature | Date |
|-----------------------------------|-----------|---------------------------|-----------|------|



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