

REGISTRATION FORM

FULL NAME : _____

NAME OF ORGANISATION/CENTRE : _____

TEL: _____ HP NO: _____

EMAIL: _____

TALK & WORKSHOP ON Parenting Children with Special Needs Managing Children with Special Needs

Attendee 1: _____

Attendee 2: _____

Attendee 3: _____

Attendee 4: _____

Total No of Pax : _____

FEE: RM30 PER PERSON

[Fees Payable to: PI-PENANG EDUCATION COUNCIL]

Please bank-in directly into our bank account:

PUBLIC BANK BERHAD

Account No: **3178 644 601**

Please fax-in the banking slip as proof of payment attention to **PENANG EDUCATION COUNCIL – MANAGING SPECIAL NEEDS** at 604-226 7042 or email: educationpenang@gmail.com

FURTHER DETAILS:

CONTACT PERSON: MS M.ANILA / MR.MALVIN

Penang Institute,

No.10 Jalan Brown,

10350 Penang.

TEL: 04 228 3306 (130 / 131 / 132)

EMAIL: educationpenang@gmail.com

FOR ONLINE REGISTRATION, PLEASE VISIT :

www.facebook.com/educationpenang/

www.facebook.com/PenangInternationalKidsStorytellingFestival/

ALL PROCEEDS WIL GO TO PENANG INTERNATIONAL KIDS STORYTELLING FESTIVAL FUND