



## Registration Form

Solving Problems with Innovation: From Creative Ideas to Measured Impact  
Training Programme Number: 10001613380

Company Details	
Name:	
Registration Number:	
Industry:	
Address:	

Person In Charge Details	
Name:	
Designation:	
Contact Number:	
Email:	

### Training Option (Please Select One):

**Hotel-Based Training (Public Session at Selected Hotel) – RM1,750 per participant per day**

Date: M World Hotel

Location: 1, Persiaran Bandar Utama, Bandar Utama, 47800 Petaling Jaya, Selangor, Malaysia.

Number of Participants:

Participants Details:				
No.	Full Name	Designation	Email	Contact Number
1				
2				
3				
4				
5				
6				
7				
8				

\*If the number of participants exceeds 8, please submit an Excel form following the format above.

**Terms & Conditions:**

1. **HRDCorp Claimable** – This training is fully claimable under HRDCorp’s SBL-KHAS scheme. No self-payment is required.
2. **Training Options:**
  - Hotel-Based Training: RM 1,750 per participant per day, conducted at a selected venue.
3. **Minimum & Maximum Participants:**
  - Hotel-Based: 10 participants and above
4. **HRDCorp Grant Approval:**
  - The employer must ensure the HRDCorp grant is approved before the training date.
  - If the grant is not approved before training starts, the training provider reserves the right to bill the employer directly.
5. **Confirmation & Cancellation:**
  - Bookings must be confirmed at least 14 days before the training date.
  - Any changes or cancellations must be notified at least 7 days before the session.
  - Cancellations within 7 days may be subject to administrative charges.
6. **Attendance Requirement:** Participants must complete the full-day training to be eligible for HRDCorp reimbursement.
7. **Required Documents:** The company must submit relevant HRDCorp claim documentation before training commencement.

**Acknowledgement & Confirmation:**

By signing below, I confirm that I have read and agreed to the terms & conditions above.

**Authorized Representative:**

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**Name:**

**Designation:**

**Signature & Company Stamp:**

**Date:**