

**SECURITY AND SAFETY TRAINING 2010 ORGANISED BY PPK MALAYSIA**

**Date:** Monday, 11 January - Tuesday, 12 January 2010  
**Time:** 8.30 a.m. to 5.30 p.m. daily  
**Venue:** Level 5, Cititel Hotel, Mid Valley City  
 Lingkaran Syed Putra, 59200 Kuala Lumpur.

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 TO: PPK MALAYSIA  
 A 113, 1<sup>st</sup> Floor, Block A, No. 1, Jalan SS20/27  
 Damansara Intan, 47400 Petaling Jaya

Fax: 03-7727 6203

**REGISTRATION FOR COMPLIMENTARY REGISTRATION**

We are interested to participate in the abovementioned and wish to register the following name (complimentary):

| NAMES | DESIGNATION | OFFICE TEL: | HANDPHONE NO. | EMAIL ADDRESS: |
|-------|-------------|-------------|---------------|----------------|
| ..... | .....       | .....       | .....         | .....          |

|                                                    |                                           |
|----------------------------------------------------|-------------------------------------------|
| Name of Organisation/<br>Shopping Centre/Building: | .....                                     |
| PPKM Membership No.                                | .....                                     |
| Address:                                           | .....<br>.....<br>.....<br>.....<br>..... |

In the event the abovementioned is unable to attend, we understand we may send a replacement and/or agree that we shall forgo the said complimentary registration without making any further claims from PPK Malaysia.

Thank you.

Yours faithfully

.....  
 Name :  
 Date :  
 Company Stamp:

RF-A

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 Damansara Intan, 47400 Petaling Jaya

Fax: 03-7727 6203

**REGISTRATION FOR ADDITIONAL PERSONNEL**

We are interested to participate in the abovementioned and wish to register the following names:

| NAMES  | DESIGNATION | OFFICE TEL: | HANDPHONE NO. | EMAIL ADDRESS: |
|--------|-------------|-------------|---------------|----------------|
| 1..... | .....       | .....       | .....         | .....          |
| 2..... | .....       | .....       | .....         | .....          |
| 3..... | .....       | .....       | .....         | .....          |
| 4..... | .....       | .....       | .....         | .....          |
| 5..... | .....       | .....       | .....         | .....          |
| 6..... | .....       | .....       | .....         | .....          |

|                                                    |                                           |
|----------------------------------------------------|-------------------------------------------|
| Name of Organisation/<br>Shopping Centre/Building: | .....                                     |
| Address:                                           | .....<br>.....<br>.....<br>.....<br>..... |

Enclosed please find our payment amounting to RM .....payable to PERSATUAN PENGURUSAN KOMPLEKS MALAYSIA via cheque No .....dated .....\*( ..... no. of pax x RM..... each). We understand that the above confirmed registrations are not refundable and/or cannot be cancelled by us but may be only replaced with alternative personnel. Thank you.

Yours faithfully

*\*please complete where applicable*

.....  
 Name :  
 Date :  
 Company Stamp: