



ABACUS DISTRIBUTION SYSTEMS (M) SDN BHD

COURSE REGISTRATION

Course Name _____

Course Date _____

Venue Desa Pandan Training Centre, Kuala Lumpur

Participant Name
(According to IC) _____

Travel Agency Name _____

Address _____

Tel _____ Fax _____ E-mail _____

| Airline / CRS Course Attended (If any) | Year |
|--|------|
| | |
| | |

Approved by:

Name _____

Designation _____

E-mail _____

Signature _____

Agency Stamp _____

Date _____

Note:

Space will ONLY be confirmed upon receiving of confirmation letter.
Any queries please call 03-9281 4755 and form to be faxed to 03-9283 3324 (Attn: Ms Erzra)

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