

**To : Christie Thong**  
Standardisation Department  
SPRING Singapore  
Fax. 62786990

## REGISTRATION FORM

### *A Standard for Knowledge Management : Is This The Way Forward?*

<b>Names</b>	<b>Designation</b>	<b>Email</b>
Dr/Mr/Ms/Mrs _____	_____	_____

Dr/Mr/Ms/Mrs _____	_____	_____
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Dr/Mr/Ms/Mrs _____	_____	_____
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Contact Person: _____	_____	_____
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Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

If you are a standards committee member under the Singapore Standardisation Programme, please indicate the name of committee : \_\_\_\_\_

Bank : \_\_\_\_\_

Cheque No. \_\_\_\_\_

Amount: \_\_\_\_\_

For SPRING Singapore Official Use

Acknowledgement of cheque amount S\$ \_\_\_\_\_ for \_\_\_\_\_ participant(s).