SeerPharma®
CONFIDENCE IN COMPLIANCE

COURSE REGISTRATION FORM

Event Information

* Course Title: Root Cause Analysis and CAPA
* Delivery mode: Online / Zoom
* Dates: 24 – 25 March 2025

Contact Information

Participant 1:

* Name: _____
* Company: _____
* Address: _____
* Contact Number: _____
* Job Title: _____
* Email Address: _____
* Invoice to: _____
* Name on certificate: _____

Participant 2:

* Name: _____
* Job Title: _____
* Email Address: _____
* Name on Certificate: _____

Participant 3:

* Name: _____
* Job Title: _____
* Email Address: _____
* Name on Certificate: _____

Payment Details

Payment can be made via bank draft or cheque made in favor of “SeerPharma (Singapore) Pte Ltd”

For bank transfer, our account details are:

Name of Beneficiary: SeerPharma (Singapore) Pte Ltd

Bank: DBS Bank Ltd

Account No. 006-900442-8

Swift Code: DBSSSGSG. Please indicate company or name of individual on transfer details

Submissions

Please e-mail your completed registration form or registration questions to solutions@seerpharma.com

Invoice and Training Certificate

For queries on invoice, please email to shanice@seerpharma.com

Training certificate will be issued on completion of the course and receipt of payment.