



**ChildPsych™**  
**Centre of Excellence for Children & Adolescents Psychology**  
*The Centre of Excellence for Children & Emotional Health Growth*  
**International Psychology Centre**

**Registration Form**

Name:

Position:

Phone:

Email:

Organization:

Fee: RM 60

**Group Registration** (a group of 3 and above) entitled 10% of fee.

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**Method of Payment** (please (√) where applicable)

(a) Partner Organization ( )

Organization Name : \_\_\_\_\_

(b) International Psychology Centre Sdn. Bhd. ( )

( ) Cheque No. .... Payable to “**International Psychology Centre Sdn Bhd**”

( ) Credit Card No: .....

Name on the Card: .....

Visa ( ) MasterCard ( ) Expiry Date: .....

Security Number (last 3 digits behind the card).....

( ) Deposit in to IPC’s Maybank Account No. : **514-11444-2749**

**Please send / fax / email the completed registration form with payment details to partner organization or International Psychology Centre now to book your places!**  
[Info@Psychology.com.my](mailto:Info@Psychology.com.my)

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Sabah Lot 12, Block C, Ground Floor, Damai Plaza, Phase 111, Luyang, 88300 Kota Kinabalu, Sabah.