

TEAM EXCELLENCE ASSESSMENT

**REGISTRATION FORM**

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| --- |
| **A. COMPANY DETAILS**  |
| Name of Company     Department      | Billing Address      Method of Payment (Select Accordingly):[ ] E-Invoice (SUB BIZ UNIT: Click or tap here to enter text.)[ ] Hard Copy Invoice |
| Employment Size      | Business Activity      | % Workforce Participating in Team Activities in Last 3 Years       | Number of Teams in Current Year      | S$ Value Creation from Teaming in Current Year      |
| Management Representative / Designation       |
| Telephone / Mobile      | Fax      | Email      |
| Alternative Contact Person / Designation       |
| Telephone / Mobile      | Fax      | Email      |
| I hereby declare that the information provided here and in the attached sheets is complete and true. I understand that SGPA reserves the right to verify the information submitted with relevant agencies. |
|  |       |  |       |  |
|  | *Date* |  | *MR’s Signature* |

*Please note that each project report is required to be submitted via email to* *serene\_ho@sgpa.org.sg****.*** *The Team Project Report must cover* ***Selection*** *(Project Selection & Target Setting),* ***Analysis*** *(Project Analysis & Effective Use of Tools),* ***Solutions*** *(Solution Development, Solution Selection & Solution Implementation) and* ***Results*** *(Project Achievement, Sustainability & Overall Impact to the Organisation).*

**Registration**

Team Conference Package ($280 per team of 4 members, subject to 7% GST)

Team Participation

|  |  |
| --- | --- |
| **Team Name** | Click or tap here to enter text. |
| **Project Title** | Click or tap here to enter text. |
| **Team Members** | Click or tap here to enter text. |
| **Cost Savings** | Click or tap here to enter text. |
|  |
| **Team Name** | Click or tap here to enter text. |
| **Project Title** | Click or tap here to enter text. |
| **Team Members** | Click or tap here to enter text. |
| **Cost Savings** | Click or tap here to enter text. |
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| **Team Members** | Click or tap here to enter text. |
| **Cost Savings** | Click or tap here to enter text. |
|  |
| **Team Name** | Click or tap here to enter text. |
| **Project Title** | Click or tap here to enter text. |
| **Team Members** | Click or tap here to enter text. |
| **Cost Savings** | Click or tap here to enter text. |
|  |
| **Team Name** | Click or tap here to enter text. |
| **Project Title** | Click or tap here to enter text. |
| **Team Members** | Click or tap here to enter text. |
| **Cost Savings** | Click or tap here to enter text. |

**Cancellation Policy**

**Any cancellation of registration must be notified by email to SGPA at** **serene\_ho@sgpa.org.sg****.**

* **For cancellation received 30 working days or more before the day of the workshop: SGPA will refund the fees less an administration charge of 10% of the fee.**
* **For cancellation received less than 30 working days before the day of the workshop or “no show” on event day: There will be no refund. Replacement of participant is allowed.**

*Organised and Managed by:*

