



2023 MIS PUBLIC TRAININGS (Ver 2)

For	Course	Duration	Course Title	Course Dates	Location
Beginner in C&B HR Officer / Admin	M1	1 day	Quantitative & Statistical Analysis In Compensation Administration / Management	TBC	-
HR Officer / Admin HR Managers	M2	1 day	Developing, Designing & Implementing An Effective Salary Structure / Scale	27 Nov (Monday)	Penang
HR Managers Managers	M3	2 days	Effective Compensation & Remuneration Management	TBC	-
HR Managers C&B Practitioners	M4	2 days	Carrying Out a Job Evaluation & Classification Exercise	TBC	-

***All courses will be conducted in English unless specified.
 They may also be conducted and customized for in-house training.***

REGISTRATION DETAILS

Enquiries: Miss Stephanie mis@missb.com.my Tel : 016-3054607 (Mr. Ngo) / 03-79559897 / 03-7992251

Course Fees: 1-day course **RM1200.00 per participant** 2-day course **RM2400.00 per participant**

Full Payment of fees is to be paid in advance of the training date (For those not claiming from HRDC)

There is a 6% SST on all invoices

Cheques are to be made payable to MIS & Associates Sdn Bhd

Cancellation: Written notification for each confirmed participant received

- 7 days before training will be refunded but a RM250.00 for administration fee will be charged
- less than 7 days before training will not be refunded

A substitution of participant is allowed at no extra cost

Changes: In the event of unforeseen circumstances, MIS & Associates Sdn Bhd reserves the right to change the date, time, venue. MIS will endeavour to inform all participants soonest possible.

Registration: EMAIL to mis@missb.com.my
ONLINE at www.missb.com.my
FAX to 03-79552271



2023 MIS PUBLIC TRAININGS (Ver 2) REGISTRATION FORM

Course Registration (Please tick as appropriate on the course selected)

Course	M2
Location	Penang
Duration (Day/Days)	1
Dates	27 Nov 2023 (Monday)
Course Selection (✓)	✓

Participant's Detail

- | | | | |
|----|-------------|---------------------|--------------------|
| 1) | Name: _____ | Handphone No: _____ | Designation: _____ |
| 2) | Name: _____ | Handphone No: _____ | Designation: _____ |
| 3) | Name: _____ | Handphone No: _____ | Designation: _____ |
| 4) | Name: _____ | Handphone No: _____ | Designation: _____ |
| 5) | Name: _____ | Handphone No: _____ | Designation: _____ |

Registration Completed By

Contact Person: _____ **Date:** _____

Designation: _____

Telephone No: _____ **Handphone No:** _____

Email: _____

Company Name: _____

Company Address: _____

Company Chop: