CSO Professional Training Program

Registration Form



Certified by:

Deloitte.

Delivered by:

Form Description

Please complete the registration form to enroll **up to three (3) participants** in the **CSO Professional Training Program** and submit the following supporting documents for verification purposes:

- Company registration certificate; or
- Proof of registered business address; or
- Official documents verifying Tax Identification Number (TIN), tax number, and company registration number.

Plant-based meal option is offered to promote sustainable eating habits and reduce individual carbon footprint. Participants who opt for fully plant-based meals will receive special recognition on their certificates.

SECTION 1: ORGANIZATION DETAILS

Billing Information (Required for invoice issuance)					
Company Name:					
Billing Company:					
Is the Company Name is owned by Billing Company?					
☐ Yes ☐ No Website:					
Billing Company:Address					
Email :					
Tax Identification Number (TIN):					
GST Registration Number:					
Company / Business Registration Number:					
(Old) (New)					
Sector:(According to the Global Industry Classification Standard)					

Contact Person

Contact Person 1

Name	:		
Designation	:		
Department	:		
Mobile Number	:		
Email	:		
Contact Person	1 2 (optional)		
Name	:		
Designation	:		
Department	:		
Mobile Number	:		
Email	:		
		SECTIO	N 2: PARTICIPANT DETAILS
Participant 1			
Full Name	:		
Job Title / Designation	:		
Email Address	:		
Mobile Number	:		
Years of Experient in Sustainability			
Meal Preferenc	e (Tick One Per	Day)	Special Dietary Request:
Day	Regular	Plant-Based	
Day 1			
Day 2			(We will try to accommodate requests but cannot guarantee availability)
Day 3			
Day 4			

Participant 2			
Full Name	:		
Job Title / Designation	:		
Email Address	:		
Mobile Number	:		
Years of Experience in Sustainability			
Meal Preference	Tick One Per	Day)	Special Dietary Request:
Day	Regular	Plant-Based	
Day 1			
Day 2			(We will try to accommodate requests but cannot guarantee availability)
Day 3			
Day 4			
Participant 3			
Full Name	:		
Job Title / Designation	:		
Email Address	:		
Mobile Number	:		
Years of Experience in Sustainability			
Meal Preference	Tick One Per	Day)	Special Dietary Request:
Day	Regular	Plant-Based	
Day 1			
Day 2			(We will try to accommodate requests but cannot guarantee availability)
Day 3			
Day 4			

SECTION 3: PAYMENT INFORMATION

Total Course Fee:		USD2850 Per Pax
Discount Eligibility (To b	e filled by authorised personnel)	
10% Early Bird Discoun	nt	
5% Group Discount		
Others		
*Terms and conditions apply.		
+ 8% SST:		
	Total Pa	ayable Amount:
Note:		
 The fee includes training course The early bird discount is availal The group discount is available Participants are responsible for their country of origin. Overseas participants should ha 	% SST per local participant for the CSO Professional Training F materials, daily lunch meals, morning and afternoon coffee, te ble to the first 25 participants or those who register by Septe to any company that registers a minimum of three participan making their own accommodations and travel arrangement are their own travel insurance when travelling to attend the Call and international processing fees, intermediary bank fees, ag s.	ea and refreshments through the duration of the CSO Progran ember 15, 2025, whichever comes first. lits for the program. Its to and from the training venue in Kuala Lumpur and CSO Program in Kuala Lumpur.
Payment Method		
	eferred payment method below. Note that payment should ganizer. Kindly refrain from making any payment before rec	· · · · · · · · · · · · · · · · · · ·
Cheque Bank Transfer	/ Telegraphic Transfer	
Bank Details:		
Payee Name	Business Media International Sdn Bhd	
Bank Name	: OCBC (Malaysia) Bank	
Account Number	: 707 1143 278	
SWIFT Code	: OCBCMYKL	
Please email proof of payment	with your company name to: program@sustainability	yinstitute.asia
	SECTION 4: REFERRAL SOU	PRCE
Please indicate how you learne	ed about the CSO Program. This helps us acknowledge	e our network and improve outreach.
Personal Social Circle	Social Media (Linked	dln, Facebook, etc.)
Employer or HR Departmen	nt Deloitte	
Professional Association	Others (please spec	ify)
	SECTION 5: AUTHORIZATION	ON
I confirm that I am authorized future policies, rules, and regul	to sign and submit this form on behalf of my company ations set by the Organizer.	y. The company agrees to comply with all current and
Name :		_
Designation :		_
		_
		Signature (required) :
Please review all information p provided are correct before sul program@sustainabilityinstitu		

Local Program Partner & Organizer: **Business**

Business Media International