

Confirmation No (PO)		Ref:	
Name of Trainer		Mobile	
Type of event	<input type="checkbox"/> In-house Training	<input type="checkbox"/> Miniworkshopseries	<input type="checkbox"/> MasterClass
Account Manager		Mobile	
<b>Event Information</b>			
Name of Client		Industry	
Person In Charge (client)		Mobile	
Name of Event			
Venue of Event		Function Room	
Event Theme (if any)		Total Pax	
Main objective of the event	REFER TO LEARNING OUTCOME FORM & PROPOSAL		
Event Date(s)		Time	
Preparation of Learning Materials	<input type="checkbox"/> Trainer	<input type="checkbox"/> Inspired Learning	<input type="checkbox"/> Client
AV Requirement (s) & Such (Tick where appropriate)	<input type="checkbox"/> Flip charts (2) with paper <input type="checkbox"/> Marker Pens (4 colors) <input type="checkbox"/> Audio Equipment <input type="checkbox"/> Data Projector & Screen <input type="checkbox"/> CD / DVD Players <input type="checkbox"/> Lapel Mic	Other special Requests (if any)	
<b>For In-house Training Workshops Only</b>			
Training Feedback Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effectiveness Review	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Your Event Contact Person</b>			
Learning Advocate Name		Mobile /Email	
What date/time will contact arrive on site?			
<b>Professional Fees &amp; Rates</b> <span style="float: right;"><b>Terms:60days</b></span>			
Number of man-days		Rates per day	Total Amount
Learning Materials (QTY)		Per manual	Total Amount
Traveling Expenses (if any)		Accommodation	Total Amount
<i>The client and/or Priority Sky Sdn Bhd reserves the right to change or postpone the event. The trainer will be informed immediately.</i>			
Approved by	Accepted by	Confirm by	
Priority Sky Sdn Bhd	Associate Trainer	Event Coordinator	
Date:	Date:	Priority Sky Sdn Bhd	
		Date:	

For Office Use Only		
	Payment Date	
	Cheque No	
	Total Amount	