



10TH YEAR SDC ANNIVERSARY CARNIVAL ATTENDANCE CONFIRMATION FORM

A. PROGRAMME

	ATTENDING	REGRET
1. LAUNCHING CEREMONY	<input type="checkbox"/>	<input type="checkbox"/>
2. BUSINESS SEMINAR SESSION	<input type="checkbox"/>	<input type="checkbox"/>

1. ATTENDEES INFORMATION	
Name and Address of Ministry / Department / Agency/ Company	
Attendee 1	
Name	
Title	Tan Sri/ Datuk Seri Panglima/ Datuk/ Prof./ Dr./ Ir./ Mr./ Mdm/ Ms./ Miss
Position	
Telephone & Handphone No.	
Fax No. & Email Address	
Attendee 2	
Name	
Title	Tan Sri/ Datuk Seri Panglima/ Datuk/ Prof./ Dr./ Ir./ Mr./ Mdm/ Ms./ Miss
Position	
Telephone & Handphone No.	
Fax No. & Email Address	
Attendee 3	
Name	
Title	Tan Sri/ Datuk Seri Panglima/ Datuk/ Prof./ Dr./ Ir./ Mr./ Mdm/ Ms./ Miss
Position	
Telephone & Handphone No.	
Fax No. & Email Address	



**10TH YEAR SDC ANNIVERSARY CARNIVAL
ATTENDANCE CONFIRMATION FORM**

Confirmation by:

Company Chop:

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(Signature)

Name : _____

Date: _____

Position: _____

Tel : _____

Please send Attendance Confirmation form on or by 12 March 2018 to:

**The Secretariat 10th Year SDC Carnival
Lot 1, Wisma SEDIA
Off Jalan Pintas Penampang
P.O. Box 17251
88873 Kota Kinabalu**

**Tel: 6088 – 450656/ 651/ 718 Fax: 6088 – 450799
Emel: sdc10years@gmail.com**