



KIDZ CARPOOL SDN BHD
REGISTRATION FORM - Child Safety Awareness Campaign

School/Group:			
Address:			
Name / PIC:			
Email Address:		Tel No:	

Yes, we are interested to Register for a FREE Awareness Campaign



Campaign Name: Child Safety Car Seat & Booster Seat Awareness Program

Kindly propose the following :

Venue:	
Date:	
Time:	
Total no of pax:	

We, Agree to conduct the program at the above date & venue and will be providing a Projector & Screen for the session.

Made by Parents for Parents...

(To confirm the above session, please forward this completed form to Sales@Kidzcarpool.com.my)

Agreed & Accepted by,

Name: _____

Date: _____

Job title/Position: _____

(company stamp required)