

## REQUEST FOR CORPORATE TRAINING QUOTATION/PROPOSAL FORM

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Please take time to complete this form and email it to [corp@ctssingapore.com](mailto:corp@ctssingapore.com). This will help us better understand your training needs and allow us to give you an indicative quotation with a draft program outline.

We will be pleased to provide you with the proposal upon duly completion of all the fields in this form, with the signature and company stamp. Thank you.

Date Requested		
Program Title		
Evaluation Process	<input type="checkbox"/>	Internal Proposal
Place an (X)	<input type="checkbox"/>	Bidding
Deadline for Proposal		
Date to Finalize Training Decision		

### Company Information:

Company Name	
Business Address	
Industry	
Website Address	
How did you hear about us?	

### Reason for Seeking CTS' Quotation and/or Proposal: (Please mark appropriate answer)

<input type="checkbox"/>	<u>Unofficial Request:</u> To understand how much budget to set aside for training purpose.
<input type="checkbox"/>	<u>Unofficial Request:</u> To understand what is the program outline like and also the quotation by CTS. This will enable me to make comparison with the other training providers.
<input type="checkbox"/>	<u>Unofficial Request:</u> To help me put up a paper to the Management and/or Board of Directors for Budgeting purpose and share with them possible program outline.
<input type="checkbox"/>	<u>Official Request:</u> Budget has been approved by management to conduct this training in current Financial year and CTS is one of the training providers we have invited to quote.
<input type="checkbox"/>	<u>Others:</u>

### Logistics and Budget:

Preferred Schedule	
Preferred Location	
Will your organization provide the training venue?	
What is the budget for this training?	
How many participants will attend this training?	
Required duration of the training	
Additional remarks:	

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### Program, Target Audience, and Aim for the Training:

Why do you want to arrange this course for the team? What is your main goal that you want to achieve after this course?	
This training is for which department?	
Profile of the Target Audience: What is the position of the main target audience?	
What are the average years of experience the main target audience will be? Please provide a range. (Example 2 - 5 years)	
Which level of training will your department need?	Beginner—Intermediate-- Advanced
Additional Remarks (if any)	

### Technical/Content Review:

Who is the technical head that will review/evaluate content? Please provide position and contact details.	
What are the critical topics that you would like to know more or ensure to be part of the agenda?	
What are the challenges that you/your team face on the job, which could be addressed in the workshop?	
Is there any trainer you prefer? Or any course agenda you wish to follow? (Please list down the requirement of trainer and course agenda)	
Do you require a Pre and/or Post Training Exam?	
Additional Remarks (if any)	

### Contact Person Information:

Salutation	
Name	
Email Address	
Alternate Email Address	
Mobile Number	
Office DID	
Job Title	
Division/Department	

*The proposal will be prepared according to the above information in order to fully customize it according to your needs. Thank you for taking the time in filling up this form.*

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### Terms & Conditions:

1. The following items are not included in the indicative quotation & proposal unless requested:
  - Training venue
  - Equipment (e.g. LCD projector, laptop, etc.)
  - Meals (coffee breaks and lunch during the training)
  - Air tickets (if applicable)
  - Hotel accommodations (if applicable)
2. The indicative quotation/proposal are in Singapore Dollars and is valid for 14 days from the date of quotation.
3. The indicative quotation/proposal provided by CTS is confidential and is intended for Client's internal use only. It shall remain to be the copyright of CTS and is not to be wholly or in part for any reasons to any entity without prior consent from CTS.

I agree to the terms and conditions stated above. I also confirm that the information given on this form is true and complete.

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Signature

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Company Stamp

Name:

Date: