

Philippines Chanter

## **EVENT REGISTRATION FORM**

Ver. 10

| Seminar Title  |  |                                    |               |  |  |                   | Date                |  |
|--|--|------------------------------------|---------------|--|--|-------------------|---------------------|--|
|  |  |                                    |               |  |  |                   |                     |  |
|  |  |                                    |               |  |  |                   |                     |  |
| 1. COMPANY AND BILLING DETAILS   |  |                                    |               |  |  |                   |                     |  |
| Name of Company  |  |                                    |               |  |  |                   |                     |  |
| Company  | Address  |                                    |               |  |  |                   |                     |  |
| SEND ME BILLING:   |  | Electronic (pdf) Original Billing  |               |  |  |                   |                     |  |
| Method of payment:   |  |                                    |               |  |  | fill-up details b | elow ▼)             |  |
|  |  |                                    | 1 7           | - 1 1  |  | '                 | ▼′                  |  |
| Contact person for billing:  |  |                                    |               |  |  |                   |                     |  |
| <ul> <li>Department/Section</li> </ul>   |  |                                    |               |  |  |                   |                     |  |
| – Telephone #  |  |                                    |               |  | E-mail   |                   |                     |  |
| Contact person for collections:  |  |                                    |               |  |  |                   |                     |  |
| – Te   | elephone #   |                                    |               |  |  |                   |                     |  |
| 2. PARTICIPANT'S DETAILS (please write legibly; this will be the name placed on the CERTIFICATE OF ATTENDANCE)       |  |                                    |               |  |  |                   |                     |  |
|  |  |                                    |               |  |  |                   |                     |  |
| Salutation   | Salutation Name  |                                    | Sur           | name   | Nickname   |                   | ACFE PHILS. member? |  |
|  |  |                                    |               |  |  |                   | Y N                 |  |
| Position   |  | Email address                      |               | ress   | Contact number   |                   | CFE N               |  |
|  |  |                                    |               |  |  |                   |                     |  |
| Salutation   | Salutation Name  |                                    | M.I. Surname  |  | Nickname   |                   | ACFE PHILS.         |  |
|  |  |                                    |               |  |  |                   | member?             |  |
| Position   |  | Email address                      |               | ress   | Contact number   |                   | CFE                 |  |
|  |  |                                    |               |  |  |                   | Y N                 |  |
| Salutation Name  |  | MI                                 | M.I. Surname  |  | Nickname   |                   | ACFE PHILS.         |  |
| Salutation   |  | 141.1.                             | w.i. Juniane  |  | HICKIIGIIIC  |                   | member?             |  |
| Position   |  |                                    | Email address |  | Contact number   |                   | CFE N               |  |
| TOSITION   |  | Linan address                      |               | 1633   | Conta  | ct number         | Y N                 |  |
|  |  |                                    |               |  |  |                   |                     |  |
| TERMS AND CONDITIONS  1. Seat reservation and registration > Preferably paid two days before the training.           |  |                                    |               |  |  |                   |                     |  |
|  | ervation of seats will be ma                                   | ceipt or notice of                 |               | Corporate registrations may bring payments on the day of the<br>event. Post-training payments shall only be accepted on pre- |  |                   |                     |  |
| registra   | ation. This training is billable u                             | ınless cancel                      | s cancelled.  |  |  |                   |                     |  |
|  |  | oject to availability of seats and |               |  | approved arrangement with the Chapte   |                   |                     |  |
|  | mediate full payment.<br><i>Ilation policy for trainings</i> . | e: narticinants must formally      |               |  | <ul> <li>Issuance of ORs:</li> <li>Deposited payments: deposit slips shows the control of the control o</li></ul> |                   |                     |  |
|  | he secretariat.  | s. participants must formally      |               | faxed  |  |                   |                     |  |
| □ 8  | working days before the train                                  | ning and                           | -full refund  |  | validation/confirmation: Fax: (02) 919 0910  |                   |                     |  |
| above  |  |                                    |               | trainings@acfe-p.org > ORs will be issued during the training for those payments   |  |                   |                     |  |
| <ul> <li>□ 5-7 working days before the training</li> <li>□ 2-4 days before the training</li> <li>-50%</li> </ul>     |  |                                    |               | deposited within the same week as the training.  |  |                   |                     |  |
| ☐ Less than 24 hours before the training -no refund  |  |                                    |               | - Payment discounts:   |  |                   |                     |  |
| ar   | nd No-show participants  |                                    |               | > Participants/companies may only avail one type of promotion:<br>whichever is higher.                                       |  |                   |                     |  |
| <ul><li>3. Replacing participants:</li><li>Companies must formally email the secretariat of any changes in</li></ul> |  |                                    |               | 5. Inclusions:   |  |                   |                     |  |
| the registered participants, strictly within 3 days before the training.   |  |                                    |               | - Registration   | - Registration fees: cover participant's kits, meals, hard or soft   |                   |                     |  |
| Changes of registered participants not done within the said period   |  |                                    |               |  | copy of the presentation (discretion of ACFE Phils.).  - Certificate of attendance:  |                   |                     |  |
| will incur a 5% charge payable on the day of the event/training.  4. Payments:                                       |  |                                    |               |  |  |                   |                     |  |
| - Should be made to:   |  |                                    |               | > Participants must complete; or attend at least 95% of the  |  |                   |                     |  |
| ASSOCIATION OF CERTIFIED FRAUD EXAMINERS -   |  |                                    |               | seminar to earn the day's allotted CPE Units. > Shall be released upon full payment.   |  |                   |                     |  |
| PHILIPPINES CHAPTER INC. or Assoc. of Certified Fraud  |  |                                    |               | 6. ACFE Phils. reserves the right to change the venue and/or cancel  |  |                   |                     |  |
| Examiners- Phils. Chapter for the account of BDO Account # 005438010403  |  |                                    |               | the above event if the minimum number of participants is not met.  |  |                   |                     |  |
| - Bank charges for transfer of funds:  |  |                                    |               | In case of change of venue and/or cancellation of the event, all   |  |                   |                     |  |
| > SI   | hall be for the account of the p                               | participant.                       |               |  | registered participants shall be informed  |                   |                     |  |
| - <u>Deadline of payments:</u> messages at least 2 days before the start of the said training.                       |  |                                    |               |  |  |                   | the said training.  |  |
| CONFORME (Required):   |  |                                    |               |  |  |                   |                     |  |
| Name of Approving Officer:Signature:   |  |                                    |               |  |  |                   |                     |  |
| Position: : Date:  |  |                                    |               |  |  |                   |                     |  |