

FSS REGISTRATION FORM 2016 Ver. 7

	1000		_
BATCH (Choose one)	1	MARCH 04 - MAY 27, 2017	
	2	JULY 22 – OCTOBER 14, 2017	

(Choose one)	2 JULY 22 –	OCTOBER 1	14. 2017									
1. COMPANY AND BILLING DETAILS												
Name of C		ETAILS										
Company												
Company	Address											
	ling format:	Electronic (pdf) format Original billing/invoice										
- Me	thod of payment:	Charge	me personally	/	Bill my company (fill-up details below ▼)							
Contact pe	erson for <u>billing</u> :							•				
- De	epartment/Section											
– <i>Т</i> е	elephone #					E-mail						
	erson for <u>collections</u> :											
-	elephone #											
2. PARTIC	CIPANT'S DETAILS (olease write leç	gibly; this will be	the na	me placed on the	e CERTIFICAT	E OF ATTENI	DANCE)				
Salutation	Name	M.I.	S	urnam	е	Nick	kname	ACFE PHILS.				
								member?				
	Position		I Email a	ddress		Contac	t number	Has accounting				
								background?				
Diet restricti	ions/food preference:											
Salutation	Name	M.I. Surna			e	Nick	kname	ACFE PHILS.				
								member?				
	Position	Email addre			Conta		t number	Has accounting				
					,			background? N				
Diet restriction	ons/food preference:							i iv				
								1055 81 111 0				
Salutation	Name	M.I.	S	urnam	e	Nick	kname	ACFE PHILS. member?				
								Y N				
	Position	Email address				Contact number Has accour backgrour						
51								Y N				
Diet restriction	ons/food preference:											
			TERMS AND	CON	DITIONS							
	vation and registration on of seats will be made after received.	int or notice of regis	stration This training		- Deadline of payme	ents: d two days before	the training					
is billable u	nless cancelled.		g		- Issuance of ORs:	•	•	anned and favod or amailed				
2. Cancellation	articipants shall be subject to avail on policy for trainings: parti	icipants must for	mally email the		immediately	for payment valid		anned and faxed or emailed i: Fax: (02) 919 0910; or email				
s <u>ecretariat.</u> 8 workir	ng days before the 1st session of	00% refund	-	to: trainings(- Payment discour								
2-4 day	s before the 1st session of the rev an 24 hours before the session of	view 5	0%	-	> Participants/co higher.	ompanies may onl	y avail one type of	f promotion: whichever is				
	show participants		no refund/per day ession billable at	5.	Inclusions:							
0 0	and break	Р	4,000		 Registration fees: c certificate. 	cover participant's	kits, meals, hard	copy of the presentation, CPE				
- Companie	participants: es must formally email the secret	es in the registered		- Certificate of atten								
participants, strictly within 3 days before the training. 4. Payments:					> Participants must complete; or attend at least 70% of the seminar to earn the day's allotted CPE Units.							
- Should be		S _ DHII IDDINES		> Shall be released upon full payment.								
CHAI	PTER INC. or Assoc. of Certified		6.				d/or cancel the above event if se of change of venue and/or					
- Bank char	ccount of BDO Account # 00543 ges for transfer of funds:			cancellation of the e	event, all registere	ed participants sha	all be informed via email and					
	pe for the account of the participar	nt.			text messages at lea	ast 2 days before	the start of the sa	id training.				
CONFORME	(Required):											
Name of Ann	proving Officer:				Signature:		D:	ate:				
Position:			g									