

**REGISTRATION FORM**

<b>Batch</b>	<b>CFE ORIENTATION</b>
<b>Date</b>	February 3, 2016: 6:00 pm
<b>Venue</b>	ACFE SEMINAR ROOM 2011 CITYLAND HERERRA VA RUFINO COR VALERO MAKATI

**1. PARTICIPANT'S DETAILS** *(please write in PRINT)*

Dr./Mr./ Ms/Mrs.	Participant Name <i>(surname, first name, m.i.)</i>	Position	E-mail Address	Member? Y/N

**2. CONTACT DETAILS**

<b>Name of Company</b>			
<b>Company Address</b>			
<b>Telephone Number</b>		<b>Cellphone number (required)</b>	

**TERMS AND CONDITIONS**

1. Registration/reservation to the above orientation shall be made upon receipt of this form. Cancelation should be done two days before the date mentioned. Please call 919 0910 or email [trainings@acfe-p.org](mailto:trainings@acfe-p.org)
2. The orientation is free, but no-show registrants shall be charged P 500.00.
3. Walk-in participants shall be subject to the availability of seats.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_