

GMM REGISTRATION FORM

Ver 3

Quarter		Q1		Q2		Q3		Q4
Date				Venue				

1. COMPANY AND BILLING DETAILS

Name of Company							
Company Address							
- Billing format:		Electronic (pdf)			Original Billing		
- Method of payment:		Charge me personally			Bill my company (fill-up details below ▼)		
Contact person for <u>billing</u>:							
- Department/Section							
- Telephone #				E-mail			
Contact person for <u>collections</u>:							
- Telephone #							

2. PARTICIPANT'S DETAILS

(please write legibly; this will be the name placed on the CERTIFICATE OF ATTENDANCE)

Salutation	Name	M.I.	Surname	Email address	nickname	ACFE-Phil member? Y/N

TERMS AND CONDITIONS:

- Reservation of seats will be made after receipt or notice of registration.
- Walk-in participants shall be subject to availability of seats.
- NO-SHOW FEES MAY APPLY.** Cancellation must be communicated at least three days before the event.
- Payments :**
 - Should be made to:
ASSOCIATION OF CERTIFIED FRAUD EXAMINERS – PHILIPPINES CHAPTER INC. or **Assoc. of Certified Fraud Examiners- Phils. Chapter**
 - for the account of **BDO Account # 005438010403**
 - Bank charges for transfer of funds:
 - > Shall be for the account of the participant.
- Issuance of ORs:
 - > *Deposited payments:* deposit slips should be scanned and faxed or emailed immediately for payment validation/confirmation: Fax: (02) 919 0910; or email to: trainings@acfe-p.org
 - > ORs will be issued during the training for those payments deposited within the same week as the training.

CONFORME (REQUIRED):

Signature: _____

Date: _____