

Philippines Chapter

FSS REGISTRATION FORM

2016 Ver. 6

BATCH	1- FEBRUAR	Y 20-MAY	28, 2016								
	2- JULY 23-0	CTOBER	15, 2016								
I. COMP	ANY AND BILLING D	ETAILS									
Name of C	Company										
Company	Address										
SEND ME BILLING:		Elect	ronic (pdf) forma		Original billing/invoice						
		Char	ge me personally	У	Bill my cor	mpany (fill-u	o details belo	ow ▼))		
Contact pe	erson for <u>billing</u> :							· ·			
	epartment/Section										
- Telephone #		E-mail									
	erson for <u>collections</u> :										
_ Te	elephone #										
2. PARTI	CIPANT'S DETAILS (please write	legibly; this will be	the na	me placed on th	e CERTIFICAT	E OF ATTEND	ANCE)			
Salutation	Name	M.	I. S	Surname		Nickname		Α	CFE mem		
									Υ		N
	Position		Email a	ddress		Contac	t number		s acc ackgr		i?
Diet restrict	tions/food preference:								Υ		N
	•										
Salutation	Name	М.	I. S	Surnam	е	Nick	name	Α	CFE		-
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Position			Email a	ddress		Contac	t number		s acc ackgr		
Diet veetviet	ii aa a ka a da waa fa waa aa a								Y	-	N
Diet restrict	tions/food preference:										
Salutation	Name	M.	M.I. S		e	Nick	name	Α	CFE	PHIL	S.
								mem Y	ber?	N	
	Position						Contact number	Has accounting background?			
	Position		Email a	ddress		Contac	number				4:
			Email a	ddress		Contac	t number				N
Diet restrict	Position tions/food preference:		Email a	ddress		Contac	t number		ackgr		
Diet restrict						Contac	t number		ackgr		
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