

BATCH	1- FEBRUARY 20-MAY 28, 2016
	2- JULY 23-OCTOBER 15, 2016

1. COMPANY AND BILLING DETAILS

Name of Company				
Company Address				
SEND ME BILLING:	<input type="checkbox"/>	Electronic (pdf) format	<input type="checkbox"/>	Original billing/invoice
	<input type="checkbox"/>	Charge me personally	<input type="checkbox"/>	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	Nickname	ACFE PHILS. member? <input type="checkbox"/> Y <input type="checkbox"/> N
Position		Email address		Contact number	Has accounting background? <input type="checkbox"/> Y <input type="checkbox"/> N
Diet restrictions/food preference:					

Salutation	Name	M.I.	Surname	Nickname	ACFE PHILS. member? <input type="checkbox"/> Y <input type="checkbox"/> N
Position		Email address		Contact number	Has accounting background? <input type="checkbox"/> Y <input type="checkbox"/> N
Diet restrictions/food preference:					

Salutation	Name	M.I.	Surname	Nickname	ACFE PHILS. member? <input type="checkbox"/> Y <input type="checkbox"/> N
Position		Email address		Contact number	Has accounting background? <input type="checkbox"/> Y <input type="checkbox"/> N
Diet restrictions/food preference:					

TERMS AND CONDITIONS

- Seat reservation and registration**
- Reservation of seats will be made after receipt or notice of registration. This training is billable unless cancelled.
- Walk-in participants shall be subject to availability of seats.
- Cancellation policy for trainings:** participants must formally email the secretariat.

8 working days before the 1st session of the review	100% refund
2-4 days before the 1st session of the review	50%
Less than 24 hours before the session of the review and No-show participants	-no refund/per day session billable at P4,000
- Replacing participants:**
- Companies must formally email the secretariat of any changes in the registered participants, strictly within 3 days before the training.
- 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.
 - Deadline of payments:
 > Preferably paid two days before the training.
 - 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
 - Payment discounts:
 > Participants/companies may only avail one type of promotion: whichever is higher.
- Inclusions:**
 - Registration fees: cover participant's kits, meals, hard copy of the presentation, CPE certificate.
 - Certificate of attendance:
 > Participants must complete; or attend at least 70% of the seminar to earn the day's allotted CPE Units.
 > Shall be released upon full payment.
- ACFE Phils. reserves the right to change the venue and/or cancel the above event if the minimum number of participants is not met. In case of change of venue and/or cancellation of the event, all registered participants shall be informed via email and text messages at least 2 days before the start of the said training.**

CONFORME (Required):

Name of Approving Officer: _____ **Signature:** _____ **Date:** _____
Position: _____