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**REGISTRATION FORM: 2016 ACFE PHILIPPINES FRAUD CONFERENCE – MANILA**

***AWARENESS • DETECTION • PREVENTION***

**September 22, 2016 I Ruby Ballroom, Crowne Plaza Manila Galleria, Ortigas Center, Pasig City**

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| **Name of Company**  |   | ***FEES:**** **Members: Php6,500.00**
* **Non-Members: Php9,000.00**
* **Foreign Delegates: USD 250.00**

***DISCOUNTS\*:*** * **EARLY BIRD – 10%** (paid/ deposited on or before August 25)
* **GROUP DISCOUNT – P6,000 (group of 3)**
* **STUDENT/ACADEME\*\* – 20%**

 *\*only one type of discount may be applied**\*\*based on ACFE Membership classification*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* **SEND ORIGINAL BILLING**
* **EMAIL BILLING**
 |
| **Company Address** |   |   |
| **Contact person for billing:** |  |
|  **Department** |   |   |   |
|  **Email address**  |   |
|  **Telephone No.** |  |  |
| **Contact person for collection:** |  |
| **Telephone No.** |  |

*PLEASE RESERVE A SEAT FOR THE FOLLOWING:* ***please write in print, this will be the reference for printing of certificates***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Salutation  | **Name** | **M.I.** | **Surname** | **Nickname**  | **Food preference**  |
|  |  |  |  |  | * Fish
* Chicken
* Any
 |
| **Position**  | **Email address** | **ACFE Phil. member?**  **Yes No** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Salutation  | **Name** | **M.I.** | **Surname** | **Nickname**  | **Food preference**  |
|  |  |  |  |  | * Fish
* Chicken
* Any
 |
| **Position**  | **Email address** | **ACFE Phil. member?**  **Yes No** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Salutation  | **Name** | **M.I.** | **Surname** | **Nickname**  | **Food preference**  |
|  |  |  |  |  | * Fish
* Chicken
* Any
 |
| **Position**  | **Email address** | **ACFE Phil. member?**  **Yes No** |

**TERMS AND CONDITIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| ***1. Seat reservation and registration*** |  | - Bank charges for transfer of funds: |  |
|  | - Reservation of seats will be made after receipt or notice of registration. | > Shall be for the account of the participant. |  |
|  |  This conference is billable unless cancelled. |  | - Deadline of payments: |  |
|  | - Walk-in participants shall be subject to availability of seats and with | > Preferably paid two days before the conference. |  |
|  |  immediate full payment. |  | > Corporate registrations may bring payments on the day of the event. |  |
| **2. *Cancellation policy for conferences:*** participants must formally email |  Post-conference payments shall only be accepted on pre-approved |  |
|  | the secretariat. |  |  arrangement with the Chapter Operations Officer. |  |
|  |  |  |  ***8 working days*** *before the event* ***(SEPT. 14, 2016)*** | *-full refund* | - Issuance of ORs: |  |
|  |  |  |  |  | > *Deposited payments*: deposit slips should be scanned and faxed or |  |
|  |  |  |  ***5-7 working days*** *before the event* ***(SEPT. 15-17)*** | *-80%* |  emailed immediately for payment validation/confirmation:  |  |
|  |  |  |  Fax: (02) 919 0910; or email to: **fraudcon@gmail.com** |  |
|  |  |  |  ***2-4 working days*** *before the event* ***(SEPT. 18-20)*** | *-50%* |  |
|  |  |  |  > *ORs* will be issued during the conference for those payments |  |
|  |  |  |  ***Less than 24 hours*** *before the conference* | *-no refund* |  |
|  |  |  |  deposited within the same week as the conference. |  |
|  |  |  | ***and No-show*** *participants* |  | - Payment discounts: |  |
| ***3.*** | ***Replacing participants:*** |  | > Participants/companies may only avail one type of promotion: |  |
|  | *-* Companies must formally email the secretariat of any changes in the | whichever is higher. |  |
|  |  registered participants, strictly within 3 days before the conference. | ***5. Inclusions***: |  |
|  |  Changes of registered participants not done within the said period, will | - Registration fees: cover participant’s writing kits, meals |  |
|  |  incur a 5% charge payable on the day of the event/conference. | - Copy of the presentations: shall be uploaded on the ACFE website,  |  |
| ***4.*** | ***Payments :*** |  | passwords will be emailed to the participant’s email addresses. |  |
|  | *-* Should be made to: |  | - *ACFE Phils. reserves the right to change the venue and/or cancel the* |  |
|  |  |  | **ASSOCIATION OF CERTIFIED FRAUD EXAMINERS – PHILIPPINES** |  *above event if the minimum number of participants is not met. In case of* |  |
|  |  |  | **CHAPTER INC.** OR **Assoc. of Certified Fraud Examiners - Phils. Chapter, Inc.** |  *change of venue and/or cancellation of the event, all registered participants* |  |
|  |  |  | **BDO C/A # 005438010403** |  |  *shall be informed via email and text messages at least 3 days before the* |  |
|  |  |  |  |  |  *start of the said conference.* |  |

**CONFORME (Required):**

***Name of Approving Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***ACFE USE ONLY: Billing statement # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Deposit slip date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ OR # \_\_\_\_\_\_\_\_\_\_\_\_\_***