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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***

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

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

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

**TERMS AND CONDITIONS**

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| ***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 # \_\_\_\_\_\_\_\_\_\_\_\_\_***