

REGISTRATION FORM

Batch	CFE ORIENTATION
Date	
Venue	ACFE SEMINAR ROOM 2011 CITYLAND HERERRA VA RUFINO COR VALERO MAKATI

1. PARTICIPANT'S DETAILS *(please write in PRINT)*

Dr./Mr./ Ms/Mrs.	Participant Name <i>(surname, first name, m.i.)</i>	Position	E-mail Address	Member? Y/N

2. CONTACT DETAILS

Name of Company			
Company Address			
Telephone Number		Cellphone number (required)	

TERMS AND CONDITIONS

1. Registration/reservation to the above orientation shall be made upon receipt of this form. *Cancellation should be done at least two (2) days before the event mentioned.* Please call 919 0910 or email trainings@acfe-p.org
2. The orientation is free, but no-show registrants shall be charged P 500.00.
3. Walk-in participants shall be subject to the availability of seats.

Signature: _____ **Date:** _____