

Philippines Chapter



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

Name of Company	FEES:
Company Address	 Members: Php6,500.00 Non-Members: Php9,000.00 Foreign Delegates: USD 250.00
Contact person for billing:	DISCOUNTS*:
Department	EARLY BIRD – 10% (paid/ deposited on
Email address	or before August 25)
Telephone No.	• <u>GROUP DISCOUNT</u> – 10% (group of 3) • STUDENT/ACADEME** – 20%
Contact person for <u>collection</u> :	*only one type of discount may be applied **based on ACFE Membership classification
Telephone No.	□ SEND ORIGINAL BILLING □ EMAIL BILLING

PLEASE R	RESERVE A SEAT FOR	THE FOLLOWING	G: please write in prin	t, this will be the reference for a	certificate pi	rinting
Salutation	Name	M.I.	Surname	Nickname	Food preference	
					DAY 1	DAY 2
					□ Fish	□ Fish
Position		Email	l address	ACFE Phil, member?	☐ Chicken	□ Chicken
rosition		Liliali	audiess	Yes No	□ Any	□ Any
		<u> </u>		1.00	,	
Salutation	Name	M.I.	Surname	Nickname	Food preferen	се
					DAY 1	DAY 2
					□ Fish	□ Fish
Position		Fmail a	l address	ACFE Phil. member?	☐ Chicken	□ Chicken
1 00111011		Linuii	idaicoo	Yes No	□ Any	□ Any
				1 100	, ,	,
Salutation	Name	M.I.	Surname	Nickname	Food preference	
					<u>DAY 1</u>	DAY 2
					□ Fish	☐ Fish
Position E		Fmail a	address	ACFE Phil. member?	☐ Chicken	□ Chicken
				Yes No	□ Any	□ Any
		•		•		•
Salutation	Name	M.I.	Surname	Nickname	Food preferen	ce
					<u>DAY 1</u>	DAY 2
					□ Fish	□ Fish
Position		Email a	address	ACFE Phil. member?	□ Chicken	□ Chicken
				Yes No	□ Any	□ Any
					•	•

TERMS AND CONDITIONS

Seat reservation and registration

- Reservation of seats will be made after receipt or notice of registration. This conference is billable unless cancelled.
- Walk-in participants shall be subject to availability of seats and with immediate full payment.
- Cancellation policy for conferences: participants must formally email the secretariat.

8 working days before the event (SEPT. 14, 2106)	-full refund
5-7 working days before the event (SEPT. 15-17)	-80%
2-4 working days before before the event (SEPT. 18-20)	-50%
Less than 24 hours before the conference and No-show participants	-no refund

Replacing participants:

- Companies must formally email the secretariat of any changes in the registered participants, strictly within 3 days before the conference. Changes of registered participants not done within the said period, will incur a 5% charge payable on the day of the event/conference.

Payments:

ASSOCIATION OF CERTIFIED FRAUD EXAMINERS - PHILIPPINES CHAPTER INC. OR Assoc. of Certified Fraud Examiners- Phils. Chapter BDO C/A # 005438010403

- Bank charges for transfer of funds:
 - > Shall be for the account of the participant.
- Deadline of payments:
 - > Preferably paid two days before the conference.
 - > Corporate registrations may bring payments on the day of the event. Post-conference payments shall only be accepted on pre-approved arrangement with the Chapter Operations Officer.
- 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: fraudcon-manila@acfe-p.org
 - > ORs will be issued during the conference for those payments deposited within the same week as the conference.
- Payment discounts:
 - > Participants/companies may only avail one type of promotion: whichever is higher.

5. Inclusions:

- Registration fees: cover participant's writing kits, meals
- Copy of the presentations: shall be uploaded on the ACFE website, passwords will be emailed to the participant's email addresses.
- 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 3 days before the start of the said conference.

Ver.3

CONFORME (R	equired):
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Name of Approving Officer:	Signature:	
Position:	Date:	

ACFE USE ONLY: Billing statement #	Deposit slip date:	OR #
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