



REMARKABLE  
VALUE  
BEYOND  
COMPLIANCE

AN  
ISO 9001:2015  
CERTIFIED  
COMPANY



ROSEHALL MANAGEMENT CONSULTANTS, INC.

(T) 6334733; 6312924; 6375202 • (F) 6312875

(e) business@rosehall.com.ph

(w) www.rosehall.com.ph

## REGISTRATION FORM

<b>COURSE TITLE: 13<sup>th</sup> Annual Quality Forum [DAVAO]</b>				<b>DATE OF CONDUCT/ FEE:</b>	
<b>VENUE: Park Inn by Radisson, Davao City</b>				<b>26-27 September 2019</b>	
PARTICIPANT/S	DESIGNATION	DEPARTMENT/UNIT	NICKNAME	EMAIL ADDRESS	MOBILE NUMBER
1.					
2.					
3.					
4.					

### ROSEHALL TERMS AND CONDITIONS

#### PAYMENT METHOD

- Rosehall accepts company checks or cash as valid forms of payment. Personal checks are not accepted. Please make checks payable to **Rosehall Management Consultants, Inc.**
- Payment shall be deposited to **Union Bank of the Philippines, Current Account 002-320-006-110, F. Ortigas Jr. Avenue Branch.** Please return this registration form together with a copy of Union Bank deposit slip through fax number (+63 2) 6312875.
- Official Receipt shall be given to the Client on the first day of the seminar.

#### SALES TAX

- **Training fees are exclusive of 12% value added tax.** If the Client withholds tax due to Rosehall Management Consultants, Inc., Rosehall requires submission of BIR Form 2307 reflecting the amount deducted from the payment due and will be sent to fax 6312875 together with the validated deposit slip.
- If the Client is a tax-exempt organization, please fax to 6312875 proof of tax-exempt status. The organization name on the registration form must exactly match the tax-exempt certificate.

#### CANCELLATION

- **Cancellation seven (7) working days before the seminar date shall be charged 50% of the full amount.**
- **Cancellation three (3) working days before the seminar date shall be charged full payment. Replacement is encouraged.**
- **Enrollees requiring airfare and hotel bookings should coordinate with ROSEHALL if the course you are attending is confirmed. ROSEHALL shall not be responsible for booking charges.**

<b>THIS CONFIRMS OUR RESERVATION FOR PARTICIPANT/S LISTED ABOVE AND OUR AGREEMENT ON the TERMS AND CONDITIONS INDICATED ON THIS FORM.</b>		
COMPANY:	TAX IDENTIFICATION NUMBER (TIN)	
ADDRESS:		
TELEPHONE:	FAX:	E-MAIL:
NAME OF PERSON MAKING THIS RESERVATION:		
DESIGNATION:	SIGNATURE:	