

REGISTRATION FORM

COURSE TITLE: A Strategic Planning Process that delivers CONTEXT, RISKS, STRATEGIES and ACTIONS 27-28 March 2019 08:30 am - 5:00 pm Quest Hotel & Conference Center, Cebu City	FEE: <input type="checkbox"/> Regular Php 12,000 + 12% VAT <input type="checkbox"/> Walk-in Php 13,000 + 12% VAT <small>Fees inclusive of lunch, AM/PM snacks, training materials and seminar certificate</small>
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PARTICIPANT/S	DESIGNATION	DEPARTMENT/UNIT	EMAIL ADDRESS	MOBILE NUMBER
1.				
2.				
3.				
4.				

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 email this registration form together with a copy of Union Bank deposit slip to jennifer.mabala@eccp.com.**
- 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 through email to jennifer.mabala@eccp.com together with the validated deposit slip.
- If the Client is a tax-exempt organization, please send email to email jennifer.mabala@eccp.com 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 the Organizer if the course you are attending is confirmed. The Organizer shall not be responsible for booking charges.

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