



50th Certified Management Accountant Program

Registration Form

Live Online Training

January 6 - April 24, 2021 • 10:00am to 12:00pm

The Institute of Certified Management Accountants

PROGRAM FEE

Full Payment Php 95,000

DISCOUNT

Early Bird Discount Php 15,000
Enroll one month before the program schedule

Note: All program fees are net of all applicable taxes.

PAYMENT OPTIONS

Cash, Checks, Direct Deposits and Credit Cards

For payment arrangements and other details, please contact the Program Coordinator at 7906 2978; or

Ms. Kimberly Belarmino
+632 8706 4645 / 8706 4648 to 49
kimjoybelarmino@gmail.com

PLEASE FAX/EMAIL THIS REGISTRATION FORM TO:

Contact Person: Ms. Liza De Leon
Fax: +632 8706 2212
Email: mlizadeleon8@gmail.com

IN-HOUSE TRAINING:

If you have a considerable number of participants, we can provide you with a more personal and specific approaches to meet your training requirements. Our program experts will deliver the training to your organization at your chosen location.

For more information, please contact:

Ms. Liza De Leon
(02) 7906 2978
mlizadeleon8@gmail.com

CONFIRMATION

I hereby certify that I have read and accepted all the terms and conditions stated in this registration form.

SIGNATURE

DATE

PERSONAL INFORMATION

Name: _____
Surname First Name/s MI

Nickname: _____

Preferred Mailing Address: _____

_____ Postal Code: _____

Date of Birth: _____ Mobile Number: _____

Personal Email: _____

EMPLOYMENT INFORMATION

Company Name: _____

Position: _____

Company Address: _____

_____ Postal Code: _____

Date of Appointment: _____ Office Number: _____

Company Email: _____

ACADEMIC QUALIFICATION

University: _____

Course: _____ Year Graduated: _____

_____ CPA License No. _____ MBA _____ Others

HOW DID YOU LEARN ABOUT THIS PROGRAM?

EMAIL DIRECT MAIL WEBSITE OTHERS, please specify _____

REQUIRED DOCUMENTS

Please provide soft copy for the following:

1. Resume (*Word* or *PDF* format)
2. Scanned copy of college diploma, transcript of records, other academic credentials, board of accountancy certificate or PRC ID (for CPAs only) and send to info@cmaphilippines.com

DATA PRIVACY:

Upon signing this form you are agreeing that the personal data obtained from the registration form entered and stored within the Institute's authorized information and communications system and will only be accessed by the CMA authorized personnel. Furthermore, the information collected and stored in this form shall only be used for the following purposes:

- Announcements / promotions of events, programs, courses and other activities offered / organized by the Institute and its partners;
- Activities pertaining to establishing relations with participants/members/alumni;
- CMA Philippines has the right to share your information to our related affiliate companies, institutions, and or subsidiaries;
- CMA Philippines shall not disclose the participants/members/alumni personal information without their consent and shall retain this information over a period of ten years for effective implementation, research analytics, and management.

TERMS AND CONDITIONS:

Payment:

1. Seat will be reserved upon payment of the prescribed fees stated in this Registration Form.

Refunds, Cancellation and Substitution Policies

1. Refunds will be honored if we received a written notice of cancellation 30 days prior to the start of the program and must be faxed to 8706-2212 or 8706-4645. Cancellations received less than 30 days prior to the start of the program will be charged 25% of the total program fee while those received one week prior to the start will be charged 50%.
2. No refund will be made for cancellations received after the stated deadline.
3. CMA Philippines reserves the right to cancel, change venues, and facilitators due to factors beyond our control, and to ensure learning effectiveness. In case of cancellation, seat can be moved to the next batch, or full refunds will be given.
4. Substitutions for individuals can be made any time prior to event date.