ACPAPP

Association of Certified Public Accountants in Public Practice

17TH ANNUAL NATIONAL CONVENTION

SEPTEMBER 21 to 22, 2017
ROYCE HOTEL, CLARK, PAMPANGA

CATEGORY	MAY 17 TO JUNE 30	JULY 1 TO AUGUST 31	SEPTEMBER 1 TO 15	SEPTEMBER 16 TO 21
MEMBER IN GOOD STANDING (updated payment of membership dues)	5,500.00	6,500.00	7,500.00	8,500.00 (Souvenir kit is not guaranteed)
MEMBER NOT IN GOOD STANDING (nonpayment of membership dues) and **NON-MEMBER OF ACPAPP**	6,000.00	7,000.00	8,000.00	

* Rates above are 12% VAT inclusive. DEADLINE OF PAYMENT IS STRICTLY IMPLEMENTED
* Staff/s of an institutional member in good standing may also avail the "member" fee
* Full conference registration includes souvenir kit, snacks, lunch and dinner
* Day 1 convention starts at 1:00 PM and Day 2 starts at 8:00 AM
* Onsite registration (claiming of souvenir kit) starts September 21, 8:00 AM onwards
* CPD credits can be availed from the Convention
* Hotel accommodations, flight schedules and side trip/tours are the delegates' responsibility & not included in the registration fees.

CANCELLATION

* Cancellations received between MAY 17 and JULY 15 will be refunded 70% of your registration fee
* Cancellations received between JULY 16 and AUGUST 31 will be refunded 50% of your registration fee
* Refunds will not be available for cancellations made after SEPTEMBER 1 or for no-shows
* All refunds will be issued A WEEK AFTER the convention

GROUP DISCOUNT (10 PLUS 1 PROMO)

The group discount will be applied if the following guidelines are met:
* All group registrations must be submitted TOGETHER and payment should be in FULL at time of registration.
* Group discount is available for members in good standing only.

PAYMENT METHOD: All payments may be made in:

☐ CASH ☐ CHECK (post-dated check is not allowed)

Please issue/deposit payment to: **ASSOCIATION OF CPAS IN PUBLIC PRACTICE, INC.**
BPI Current Account: 1731-0128-29

Email or fax us a copy of the teller-validated deposit slip for proper issuance of official receipt.

17th ANC REGISTRATION FORM

MOVING FORWARD TOGETHER

☐ **YES! Please register me now!**

COMPANY NAME:
TIN:
ADDRESS:
LANDLINE/MOBILE No.:
EMAIL ADDRESS:

(**NOTE:** THE NAME YOU REGISTER IS EXACTLY WHAT WILL BE PRINTED IN THE CERTIFICATE OF ATTENDANCE. SUBSTITUTES ARE ALLOWED WITH WRITTEN NOTICE TO ACPAPP AT LEAST THREE (3) WORKING DAYS PRIOR THE EVENT.)

DELEGATES INFORMATION		
First Name, Middle Initial, Last Name	Nickname	PRC License No.

Please sign below: I have read, understand and agree to the policy indicated in this form.

_____ _____
SIGNATURE OVER PRINTED NAME DATE

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For hotel reservation, please contact:
MARIA ANGELICA HENSON of ROYCE HOTEL at (045) 499-3415 or (0917) 150-0278
CHERRIE ANNE TEO of QUEST HOTEL at (02) 810-4130 or (0998) 587-8064
When making reservation, please mention ACPAPP Convention in order to receive hotel corporate rates
For other inquiries, contact ACPAPP Secretariat at (02) 753-4027, 753-4089, acpapp.anc@gmail.com