

REGISTRATION FORM



Name: _____

Designation: _____

Company: _____

Address: _____

Tel. No.: _____ Fax No.: _____

Cell Phone: _____ Email Address: _____

RE: 5-DAY EQUIPMENT MANAGEMENT SEMINAR WORKSHOP

REGISTRATION FEE: Php8,000 per participant for ACEL Member
Php10,000 per participant for Non ACEL Member
(Inclusive of am/pm snacks, lunch and hand-outs)

Bank Details:

Bank: BDO Strata 100 – Ortigas Branch
Bank Name: ACEL Technical Training Center, Inc.
Savings Account No: 2860319936

NOTE:

- Please make your check payable to **ACEL TECHNICAL TRAINING CENTER, INC.**
- Please fax this accomplished form along with the copy of the deposit slip made for this payment to (02) 633-4994 or email these to attcinc@yahoo.com/acel_i@yahoo.com or you can contact Ms. Beth at 09223451441