

REGISTRATION FORM

Please fill in this form and fax back to Telefax: 6874645 or email to info@businessmaker-academy.com

SEMINAR SERIES: PROFESSIONAL OFFICE ADMINISTRATION EDUCATIONAL SERIES

Pls. check course(s) that you want to enroll in:

- | | |
|--|-------------|
| <input type="checkbox"/> Day 1: Fundamentals of Professional Office Administration | Date: _____ |
| <input type="checkbox"/> Day 2: Office Facilities & Maintenance Management | Date: _____ |
| <input type="checkbox"/> Day 3: Office Inventory Management | Date: _____ |
| <input type="checkbox"/> Day 4: Office Logistics & Travel Management | Date: _____ |
| <input type="checkbox"/> Day 5: Office Files & Records Management | Date: _____ |

| Duration: 9am to 5pm | Regular Rate | Early Bird Rate |
|----------------------|----------------------------------|----------------------------------|
| Full 5-day series | Php19000 + 12%VAT = Php21,280.00 | Php17500 + 12%VAT = Php19,600.00 |
| Individual Seminars | Php3800 + 12%VAT = Php4,256 | Php3500 + 12%VAT = Php3,920 |

Note: Early Bird Must be Settled at Least 8 days before actual class.

CONTACT INFORMATION OF BOOKING OFFICER

| | | | |
|--------------------------|--|---------------|--|
| Complete Name | | | |
| Position | | | |
| Company | | | |
| Company TIN | | | |
| Office Address (in full) | | | |
| Mobile No. | | Fax Number | |
| Telephone No. | | Email Address | |

NAME(S) OF ATTENDEES

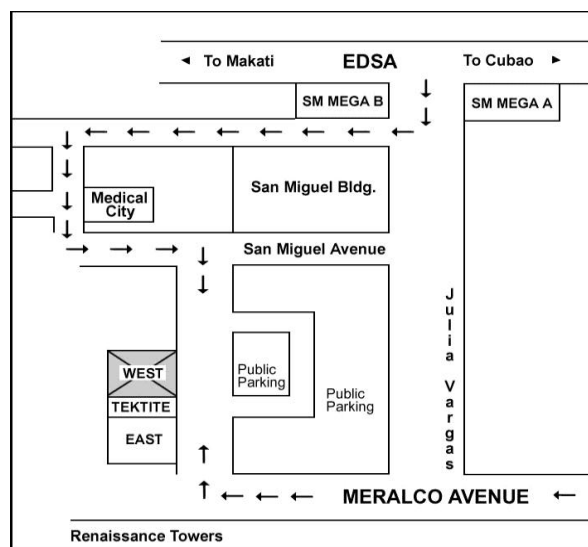
| Complete Name | Nickname | Course to Attend | Position | Mobile No. (for reminders) | Dietary Concerns Vegetarian / Food Allergies |
|---------------|----------|------------------|----------|----------------------------|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Note: Please add pages should you have more than 5 participants or call us to coordinate.

HOW TO ENROLL:

- FILL UP THE REGISTRATION FORM**
or you may call us directly at 6874445, 6874645, 6873416 to book a slot.
- REMIT PAYMENT**
You may settle enrollment fee via:
 - () **CASH OR CHECK PAYMENT**
Pls visit & pay at our office during office hours.
Pls make checks payable to Business Maker Academy, Inc.
 - () **BANK DEPOSIT**
Pls deposit payment to:
Savings Account Name: Business Maker Academy, Inc.
BPI Account No.: 4013-0306-64
BDO Account No.: 00280-622-422
(Please fax deposit slip with your name and course to Telefax 6874645)
 - () **PAYPAL**
Pls remit payment to paypal@businessmaker-academy.com
- Attend the class.**
Please bring your deposit slip or receipt. Then enjoy learning!

LOCATION MAP:



IMPORTANT NOTE:

Business Maker Academy, Inc. is a VAT-registered company. TIN# 223-672-691-000 VAT
 For zero rated or VAT exempt companies, please include your Certificate of Exemption. Provide Form 2307 or Certificate of Tax Withheld if payment done with tax withheld. Please withhold only 2% as we are classified as suppliers or contractors of services.