AMERICAN ACADEMY OF FINANCIAL MANAGEMENT

# Certified Trust and Estate Planner (CTEP™) Program

**Registration Form • Live Online Training**

## FEES

☐ Full Payment Php 28,000

Note: All fees are net of all applicable taxes.

## TERMS AND CONDITIONS

**Payment**

1. SLOT 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 receive a written notice of cancellation 30 days prior to the start of the program and must be emailed to the program coordinator. 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. **AAFM Philippines** reserves the right to cancel, change schedule, and facilitators due to factors beyond our control, and to ensure learning effectiveness. In case of cancellation, **SLOT** 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

## CONFIRMATION

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

_____

SIGNATURE

## PERSONAL INFORMATION

| Surname | First Name/s | Middle Name |
|---|---|---|
| | | |

| Nickname | Personal Email Address |
|---|---|
| | |

| Preferred Mailing Address |
|---|
| |

| Postal Code | Date of Birth (mm/dd/yyyy) | Mobile Number |
|---|---|---|
| | | |

## EMPLOYMENT INFORMATION

| Company Name |
|---|
| |

| Position |
|---|
| |

| Company Address |
|---|
| |

| Postal Code | Office Number | Company Email Address |
|---|---|---|
| | | |

## ACADEMIC QUALIFICATION

| University |
|---|
| |

| Course | Year Graduated |
|---|---|
| | |

## 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)

## DATA PRIVACY

Upon signing this form, you agree 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 AAFM's 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;
- **AAFM Philippines** has the right to share your information to our related affiliate companies, institutions, and or subsidiaries;
- **AAFM 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.