

# USA CORPORATE STRATEGY, INNOVATION AND LEADERSHIP IN FUTURE OF WORK PLACE CONFERENCE/EDUCATION



ASSOCIATION OF WOMEN  
PROFESSIONAL FINANCIAL  
MANAGERS-UN STATUS



CHARTERED INSTITUTE OF  
PROFESSIONAL FINANCIAL  
MANAGERS, USA



CHARTERED INSTITUTE OF  
PROFESSIONAL FORENSIC  
INVESTIGATORS INC, USA



INSTITUTE OF CERTIFIED CORPORATE  
GOVERNANCE AND LEADERSHIP  
STRATEGISTS INC, USA



## INDICATION OF INTEREST/CONFIRMATION OF PARTICIPATION FORM

Name:

..... Sex:

Male  Female

Office Address:

.....

...

.....

Zip Code.....

Designation:.....

Email Address:.....

Telephone No:.....

Emergency contact:.....

Passport No:.....

Date of Issue:.....

Place of Issue ..... Expiry Date:.....

Residential Address:

.....  
.....

Nationality.....

.

Are you a member? Yes  No  If yes, state your membership

No:.....Date.....

Category of Membership:

.....

Amount Paid.....

Date of Payment.....

Currency Paid:.....

Mode of Payment:.....

Country of Payment:

.....

Please complete application form after payment to the institute's designated accounts .The receipt of payment or tellers should be scanned and attached with this form. Fee is payable to **Association of Women Professional – Eva International Business School, Ecobank 2762070469 for Dollar Payment or Professional Financial Managers, Ecobank 2762070191 for Naira Payment.**

## **CANCELLATION/REFUND POLICY:**

it is the duty of all registered participants to attend the program, but if for any reason you fail or cannot to attend including visa refusal, you have to wait for another program in future because the institute will not attend to any request for refund after the specified period. However, if you insist on refund, then 30% of the registration fee shall be deducted as administrative and inconvenience fee.

## **REGISTRATION FEE:**

Members: \$2,000

Non-members: \$2,500

## **Policy**

I hereby agree that it is my responsibility to attend the conference sessions after registration, and my inability to attend implies non refund of the paid fee. I am also aware that it is my responsibility to acquire all traveling documentation, book my flight ticket and hotel accommodation as required, and I am aware of the need to pre-arrange with hotel before departure from my country of origin.

I am aware that certificate will not be issued to me without full participation. I am aware that admin charges and inconvenience charges of 30% shall be deducted from the paid fee if I insist on getting a refund either due to visa refusal or for any other reason whatsoever, if the request for refund is made at least two months to the date of the program. I am aware that there is no provision for refund if request is made in less than two months to the program or after the program. I am

aware that I must wait for the future program to attend if I am refused visa when it is about one month to the conference. And if after the conference I am not entitled to refund of any kind. I am aware that I am not entitled to refund if I failed to show evidence of visa refusal at the appropriate time, or if I request for refund after the conference or less than one months to the conference.

I have read and agreed to the above policy statement

Participant Signature:..... Date:.....

### FOR OFFICE USE ONLY

Date of Submission:

.....

Name of officer whom form was submitted to:

.....

Signature:.....Date:.....

.....

Complete the form in capital letters, scan it and send to these emails below;

info@cipfiglobal.com, info@awpfglobal.org.ng,  
info@iccgl.com  
info@cipfglobalusa.org