

***APAFS Fiduciary Events Week Registration Form***

***New World Makati Manila, Philippines   
November 14-18, 2022***

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| ***Events*** | ***Dates*** | ***Rates*** |
| **2. *Fiduciary Essentials (FE*®*)Training*** | ***Monday, Nov. 14, 2022*** | **$800, $900.00** (After Sept. 15) |
| **3. *Accredited Investment Fiduciary (AIF*®) *Training*** | ***Tuesday-Wednesday,***  ***Nov. 15-16, 2022*** | **$1.650, $1,750** (After Sept 15) |
| **4. *Global Fiduciary Strategist (New in 2022)*** | ***Tuesday-Wednesday, Nov. 15-16, 2022*** | **$1,850, $1,950** (After Sept. 15) |
| **5. *20th Pacific Region Investment Conference (PRIC)*** | ***Thursday- Friday,***  ***Nov. 17-18, 2022*** | **$445** Early Bird, **$495**(After Sept.15)  **$545** (After Oct. 15) |

\*All registration and payment must be completed by respective deadline to avail of the applicable registration rate. Please use one of the payment options listed below. Upon payment, scan a copy of your check, wire transfer confirmation, or deposit slip, along with this form and send it to [admin@apafs.org.](mailto:admin@apafs.org) This will ensure proper credit and guarantee your registration. For any cancellation, please contact us by email before September 15, 2022. There will be no refunds on any events after this date.

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| **Payment Option 1. Bank of Guam Direct Deposit/ACH** Account Name: Asia Pacific Association for Fiduciary Studies  Routing No.: 121405115  Account No: 0114-029414 | **Payment Option 2. Bank Wire Transfer:**  Account Name: Asia Pacific Association for Fiduciary Studies  Bank: Community First Guam Federal Credit Union  ABA Routing Number: 321480406  Acct. No.: 140066-002 |
| **Payment Option 3. Check Payment: Mail to:**  Asia Pacific Association for Fiduciary Studies Capitol Plaza Building, 120 Father Duenas Avenue; Suite 102 Hagatna, Guam 96910 USA | |

[**Please complete the information below and send to admin@apafs.org**](mailto:Please%20complete%20the%20information%20below%20and%20send%20to%20admin@apafs.org)

# Company Name:

**Primary Contact Name:**

**Position:**

**Email:**

**Mailing Address:**

## Registrants: Please fill in details below for each registrant and indicate with and “X” to the events for each person.

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|  | **LAST NAME** | **FIRST NAME** | **POSITION** | **EMAIL** | **EVENTS TO REGISTER** | | | |
| 1. **FE Training** | 1. AIF TRAINIGG | 1. **GFS TRAINING** | 1. **20TH PRIC** |
| **1.** |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |  |

For additional registrants, please continue on the next page with required information.