

**CONFIRMATION SHEET
CORPORATE GOVERNANCE SEMINAR**

Name of Company	
Telephone	
Fax	
E-mail	

Profile of the Participants

Full Name (please include middle initial & appropriate titles i.e. Atty., Dr., etc.)	Nickname	Position	Years as Director (if applicable)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

* Please use another form if necessary (those exceeding 10 pax).

Profile of the organization

Year Founded			
Asset Size			
Number of Branches			
Products/Services			

Profile of the Board of Directors

Standing Committees	Functions
1.	
2.	
3.	
4.	
5.	

Contact Person in the Company

Name	
Position	
Celfon #	
E-mail	
Telephone	

REGISTRATION

YES, we will attend with _____ no. of delegates at RCBC Plaza, Makati City on **20 September 2019, 8:00 am - 12:00 nn**

Sorry, I have no nominees at this time but we are interested in your other offerings. Keep us posted.

We will pay in cash/check at the start of the course.
(Please make check payable to **Risks Opportunities Assessment and Management (ROAM), Inc.**)

Requested by	
Position	
Signature	