

Institute of Chartered Accountants of Jamaica



Registration form:

ICAJ 4 Weeks Certificate Course in Forensic Accounting (REPEAT)

Date: July 6 – 27, 2014, (Sundays only - 10:00a.m.-5:00p.m.)

Name: _____ Company: _____

Tel: _____ Fax: _____ Email: _____

I confirm that I have read and understood the provisions of the 'Programme Overview' document.

Fees

Status (Please tick and provide student number, if applicable)

- | | | |
|--------------------------|-------------------------|--------------|
| <input type="checkbox"/> | ICAJ Member/ Student #: | \$30,000.00* |
| <input type="checkbox"/> | Non-member | \$35,000.00* |

Payment Method:

Cheque: (Enclosed)

Other: (Cash/Bank Deposit)

Credit Card: Visa/MasterCard #: _____

Expiry Date: _____ Name On Card: _____

For further information, please contact Ms. Lisa Martin/ Ms. Raquel Smith
Institute of Chartered Accountants of Jamaica

8 Ruthven Road, Kingston 10/ Tel: 876-929-5869 extn. 234; Fax: 876-929-9416

E-mail: members@icaj.org; Website: www.icaj.org