



Unit M1/s28 Market City, Lapasan
Cagayan de Oro City
088-3231454 / 09153721973 / 09085000275

Seminar / Training Application Form

Title of the Seminar: _____

Business Name: _____

Attendee's Name: _____

Address: _____

Contact #: _____ eMail: _____

PLEASE READ AND SIGN:

I hereby represent that all of the above answers are true and correct to the best of my knowledge and belief. I recognize **ABC Express** is not in any way obligated to offer a Seminar to me because of our execution of this document. I understand that any false statement on this application shall be considered sufficient cause to deny further consideration. I understand that any inquiry regarding my character, personal characteristics and financial background maybe conducted as a result of information required by **ABC Express**.

Print name and Signature

Date

Please email accomplished Application Form to: abcex@yahoo.com