



# LEBANESE ASSOCIATION OF CERTIFIED PUBLIC ACCOUNTANTS

## Partial Course Registration Form

LACPA Members, Trainees, Employees

**This service is ONLY for candidates who have taken the courses before  
To fill in one separate form per course**

### PARTICIPANT INFORMATION

Participant Name \_\_\_\_\_

#### LACPA Members, Trainees, Audit Firm Employees

Trainee No \_\_\_\_\_ Practitioner No \_\_\_\_\_ Non Practitioner No \_\_\_\_\_ Audit Firm Employee \_\_\_\_\_ (Job Title)

Audit Firm \_\_\_\_\_ Years of experience \_\_\_\_\_

Address \_\_\_\_\_

Work Phone No \_\_\_\_\_

E-mail \_\_\_\_\_ Mobile \_\_\_\_\_

### Sessions Details

Course:

Session 1 Topic and date:	
Session 2 Topic and date:	
Session 3 Topic and date:	
Session 4 Topic and date:	
Session 5 Topic and date:	

The dates might change so please check the LACPA website regularly.

### CONFIRMATION OF REGISTRATION

I confirm my registration for the above sessions:

Rate per session:	<input type="text" value="40,000 LBP"/>
Number of sessions:	<input type="text"/>
Total to pay	<input type="text"/>

I \_\_\_\_\_the undersigned confirm that I have taken the course before and will pay the full amount stated above.

Signature: \_\_\_\_\_

### For Administrative use only

Semester Course Taken: _____	Administration: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	