



# 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:

Number of sessions:

Total to pay

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

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

**For Administrative use only**

|  |                                     |
|--|-------------------------------------|
| <p>Semester Course Taken: -----</p> <p><input type="checkbox"/> Approved                      <input type="checkbox"/> <input type="checkbox"/> Rejected</p> | <p>Administration:</p> <p>-----</p> |
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