

Managing Financial Performance – Application Form*

Seminar Dates

- Spring Seminar: February 19-21, 2018
- Autumn Seminar: September 19-21, 2018

Your Personal Data

First Name: _____

Last Name: _____

Year of Birth: _____

Street / No.: _____

City: _____

Postal Code: _____ Country: _____

Email: _____

Correspondence / Invoice

Please send correspondence to:

- Company address Private address

Please send invoice to:

- Company address Private address

Your Company Details

Company: _____

Street / No.: _____

City: _____

Postal Code: _____ Country: _____

Email: _____

Job Title: _____

of employees under your responsibility: _____

Your Educational Background

Highest Degree / Education

Further Education

Your Professional Experience

Contract Conditions:

I hereby register for the seminar “Managing Financial Performance” organized by the Chair of Controlling / Performance Management of the Institute of Accounting, Control and Auditing of the University of St.Gallen. Cancellations made after participant confirmation are subject to a cancellation fee of CHF 150.-. No program fee will be reimbursed for cancellations made later than two weeks before the program start. Changes in registration are possible once. A substitute participant which must be approved by the program management can be provided. The program fee includes e-learning, course material and seminar catering. Travel costs and accommodation are not included, unless specifically listed. Jurisdiction for disputes arising from the contract resulting in signing this form is St.Gallen, Switzerland. The applicable law is Swiss law. The total fee is CHF 5'800.- Individual models of payment and installment payments are possible by arrangement with the Program Director. I will pay the fee within 30 days of receipt of the invoice. If the program does not take place, e.g. due to insufficient number of participants, the amount paid will be refunded.

All information will be kept strictly confidential by the Chair of Controlling / Performance Management of the Institute of Accounting, Control and Auditing and will not be disclosed to third parties.

Location / Date: _____

Signature: _____

*Mail Application Form to: University of St.Gallen, Chair of Controlling / Performance Management, Institute of Accounting Control and Auditing, Tigerbergstrasse 9, CH-9000 St.Gallen or email a scan to Carolina.Naef@unisg.ch