



CITYSTATE ASTURIAS HOTEL, PUERO PRINSESA CITY, PALAWAN
April 28-30, 2020

REGISTRATION FORM

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NOTE: PLEASE WRITE YOUR NAME LEGIBLY AS IT WILL APPEAR ON YOUR CERTIFICATE

PERSONAL INFORMATION	
NAME: (LAST NAME, FIRST NAME, Middle Initial)	COMPANY:
DESIGNATION:	PERSONAL EMAIL ADD:
REGION:	MOBILE NUMBER:

COMPANY INFORMATION	
OFFICE ADDRESS:	
AUTHORIZED PERSON:	
COMPANY CONTACT NOS. (TEL & MOBILE):	COMPANY EMAIL ADDRESS:

CONVENTION KIT STUB <input type="radio"/> MEAL STUB <input type="radio"/>	REMARKS: CLAIMED/RECEIVED BY: ISSUED BY:
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P A Y M E N T D E T A I L S																			
PAYMENT MODE: <input type="radio"/> CASH <input type="radio"/> CHECK <input type="radio"/> BANK DEPOSIT	BILL TO COMPANY:																		
<table border="1" style="width: 100%;"> <tr><td>BANK</td><td></td></tr> <tr><td>CHECK #</td><td></td></tr> <tr><td>AMOUNT</td><td></td></tr> <tr><td>OR #</td><td></td></tr> </table>	BANK		CHECK #		AMOUNT		OR #		<table border="1" style="width: 100%;"> <tr><td>CONTACT PERSON</td><td></td></tr> <tr><td>DESIGNATION/POSITION</td><td></td></tr> <tr><td>DEPARTMENT</td><td></td></tr> <tr><td>CONTACT NOS.</td><td></td></tr> <tr><td>SIGNATURE:</td><td></td></tr> </table>	CONTACT PERSON		DESIGNATION/POSITION		DEPARTMENT		CONTACT NOS.		SIGNATURE:	
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