



REGISTRATION FORM

Name: _____ Company/Institution: _____

Address: _____

Contact no(s). _____ Mobile no. _____ Email: _____

Please check the appropriate box of your choice. Fees are inclusive of morning snack, lunch, afternoon snack, folder with handouts and certificate.

EARLY REGISTRATION (Before May 1, 2015) :

For 2 days – May 11 and 12, 2015.	_____ Regular Fee	P 3,000.00
	_____ Students	P 1,350.00
Day 1 – May 11, 2015.	_____ Regular Fee	P 2,000.00
	_____ Students	P 1,000.00
Day 1 – May 11, 2015.	_____ Regular Fee	P 2,000.00
	_____ Students	P 1,000.00

ON-SITE REGISTRATION (May 11 and 12, 2015) :

For 2 days – May 11 and 12, 2015.	_____ Regular Fee	P 4,000.00
	_____ Students	P 1,800.00
Day 1 – May 11, 2015.	_____ Regular Fee	P 2,500.00
	_____ Students	P 1,300.00
Day 1 – May 11, 2015.	_____ Regular Fee	P 2,500.00
	_____ Students	P 1,300.00

_____ Bank Payment. Please deposit to BPI Account no. 1590-0204-07
 Please scan deposit slip and email to flwi@dlszobel.edu.ph

_____ Check payment. Please make check payable to Patricia C. Sison

*please call the office for group discount

We will send your receipt upon confirmation of your payment on May 11, 2015 at De La Salle CSB.

CONFORME:

 Authorized Representative / Designation
 (Signature over Printed Name)

 Date

NOTE: Students must have a valid school ID which should be sent by email together with the scanned bank form.