REGISTRATION FORM



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| **Type of Participation** *(please check)* | |
| Paper Presenter | Demo-Workshop Speaker |
| Attending Conference Session |  |

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| **PARTICIPANT’S PROFILE** | | | | | |
| **Title** *(e.g. Ms., Mr., Prof., Dr.)* | | Click here to enter text. | | | |
| **Name** *(Last Name, First Name, Middle Name)* | | Click here to enter text. | | | |
| **Preferred Name on ID** | | Click here to enter text. | | | |
| **Designation** *(indicate if currently a student)* | | Click here to enter text. | | | |
| **Organization/Institutional Affiliation** | | Click here to enter text. | | | |
| **Organization/Mailing Address** | | Click here to enter text. | | | |
| **Contact Number** | Click here to enter text. | | Email Address | | Click here to enter text. |
| **Sex** *(please check)* | Male Female | | Birthday *(mm/dd/yyyy)* | | Click here to enter a date. |
| **Citizenship** | Click here to enter text. | | | | |
| **Dietary Requirements/Restrictions:** | | Emergency Contact Person | | | |
| Vegetarian  No Pork  None  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Full Name | | Click here to enter text. | |
| Contact Number | | Click here to enter text. | |
| Email Address | | Click here to enter text. | |

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| **FLIGHT DETAILS *(if applicable)*** | | | | | |
| **MANILA** | Date  *(mm/dd/yyyy)* | Flight No. | Time | Terminal | Avail airport transfer service? (Yes/No)\* |
| Arrival | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Choose an item. | Choose an item. |
| Departure | Click here to enter a date. | Click here to enter text. | Click here to enter text. |  |  |

*\* Airport transfer services will be available on November 14 (departing from NAIA at 11:30 AM, 3:00 PM, and 7:00 PM) and on November 17 (departing from DAP at 7:00 AM and 11:00 AM) at a fixed one-way rate of PhP 800 per person (to be paid separately upon availing the service). Special request(s) may be arranged with the Secretariat but will be subject to availability and to a special payment terms*

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| **DAP ACCOMMODATION RATES** | |
| **Room Type** | Rate (PhP) |
| Studio Room (2-3 pax in a room) | 4,200/room/night |
| Individual (shared room with other participants) | 1,400/person/night\* |
| **Avail DAP Accommodation\*?** *(please check)* | Yes No |
| **DAP Accommodation preferred** *(please check)* | Studio Room  Individual |

*\* DAP accommodations are subject to availability. Accommodation fee should be paid together with the registration fee. Contact the Secretariat for special arrangements.*

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| **PAYMENT INFORMATION *(visit http://www.icoped.com/registration for payment instruction)*** | | |
| **Mode of Payment** *(please check)* | | |
| Local Bank Deposit | | Bank/Wire Transfer *(provide details):* |
| Personal Payment *(indicate who received the fee):*  **Click here to enter text.** | | Bank Name *(source):*  Click here to enter text. |
| On-Site Payment *(to pay on November 15)* | | Reference No. *(if any):*  Click here to enter text. |
| **Total Amount Paid** | PhPClick here to enter text. USD Click here to enter text. | |
| **Date Paid** *(mm/dd/yyyy)* | Click here to enter a date. | |
| **Proof of Payment** *(please attach)* | Deposit Slip  Bank Transfer Receipt  Acknowledgment Receipt  Others *(specify)*:Click here to enter text. | |