

"Mindanao Children's Stakeholders' Congress"

Pre-registration Form

August 17 – 20, 2010

Durain Garden, Polomolok, South Cotabato

Personal Data

| | | | |
|--------------------------------|--|-----|--|
| Name | | | |
| Date of birth | | Age | |
| Highest Educational Attainment | | | |
| Cell number /Phone Number | | | |
| Email add | | | |

Organization/Church/Sector Represented

| | | | |
|---|---------|--|--|
| Your Position | | | |
| Details of the organization/church/sector | Name | | |
| | Address | | |
| | Phone | | |
| | Fax | | |

Please give a brief description of your organization/ministry.

| | | |
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Additional Information

| | |
|---|--|
| What are your expectations in attending this congress? | |
| How do you intend to use your learning after this congress? | |

TRAINING PAYMENT:

Please deposit your Pre-Registration Fee on or before August 10, 2010

Savings Account Name: Juniper Bibiolata, Mary Gay Tan & Esther Plaga

Savings Account Number: 0680-24599-9

Depository Bank: Allied Bank, P.Acharon Blvd Branch, General Santos City

Kindly email or fax to us accomplished Registration Form and Deposit slip (write your name on it for proper recording/receipting)

Fax No: (632)881-0568; email at info@pcmn.org