

**87<sup>th</sup> Founding Anniversary, 52<sup>nd</sup> Nurses' Week Celebration and  
2009 Annual National Convention  
19-22 October 2009**

**REGISTRATION FORM**

This portion of the form should be filled out by the contact person for the group.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Middle Initial: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_  
 Preferred Name in the Convention ID: \_\_\_\_\_

Company/Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Region \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Please provide the Name and Address of all individuals attending the Convention for your group: (Please provide additional sheet if needed)

| Name | Agency/Company | Religious Affiliation | Preferred Name in Convention ID |
|------|----------------|-----------------------|---------------------------------|
|      |                |                       |                                 |
|      |                |                       |                                 |
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|      |                |                       |                                 |
|      |                |                       |                                 |
|      |                |                       |                                 |

**Registration Fee (Please check)**

- July 1 - August 31, 2009 - Php 3,200.00 x \_\_\_\_\_ persons = \_\_\_\_\_  
 September 1 -30, 2009 - Php 3,600.00 x \_\_\_\_\_ persons = \_\_\_\_\_  
 On site (October 19-20, 2009) - Php 4,500.00 x \_\_\_\_\_ persons = \_\_\_\_\_

**Form of Payment (Please check)**

- Manager's Check or Money Order : Check Number: \_\_\_\_\_  
 Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Bank Deposit: : Branch: \_\_\_\_\_  
 Date: \_\_\_\_\_ Amount: \_\_\_\_\_

=====This portion will be filled out by the Registration Committee upon receipt of your form =====

\_\_\_\_\_ [ ] Check Number: \_\_\_\_\_  
 \_\_\_\_\_ [ ] Bank Deposit: \_\_\_\_\_  
 Date \_\_\_\_\_ Amount: \_\_\_\_\_  
 Date Received By: \_\_\_\_\_