



REGISTRATION FORM

Please fill out the form completely. Write clearly and legibly.

Registration form table with fields: Full Name, Age, Nick Name, Birth Date, Position / Designation / SG, No. of years in Gov't Service, Agency / Organization, Hobbies / Interests, Email address, Mobile no., Address, Dietary Restrictions.

Please answer the questions briefly.

1. How relevant or useful is the training course to your current role/job?

Two horizontal lines for answer to question 1.

2. What are your expectations from the course?

Two horizontal lines for answer to question 2.

I hereby certify that all details above are true and correct:

Signature over printed name

Date:

Important: Please attach a copy of your O.R. / proof of payment with your Registration Form

To be filled out by a DAP Officer. OR No., Date, Course Fee, Amount paid, Remarks.

E-mail or Fax to:

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