**Seminar Workshop on**

**Training the trainer**

**AUGUST 25-26, 2016**

Venue: PRRM BUILDING

G/F PRRM Bldg. 56 Mo. Ignacia Ave. corner Dr. Lazcano St., Bgy. Paligsahan, Quezon City 1103

### **\_\_\_\_\_\_\_\_\_\_\_\_ (Nickname)**

**(Last Name) (First Name) (Middle Initial)**

**Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### **Company/Organization:**

### **Office Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone No./s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No./s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PAYMENT DETAILS:**

**O.R. No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR CHECK pAYMENT**

**AMOUNT: p\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR CashPAYMENT:p\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE:**

**Payment for the seminar fee shall be made before or upon registration/first day of the seminar program. Thank you.**