

Short Course on
APPLIED TECHNOLOGY ON SUGAR PROCESSING (ATSP)
Batch 21
April 17 to 21, 2017
Kundutel, Goldenfield Commercial Complex, Bacolod City

REGISTRATION FORM

First Name : _____ Nickname: _____

Surname : _____ Marital Status: _____

Middle Initial: _____ Sex: _____

Date of Birth: _____ Nationality: _____

Residence Address: _____

_____ Telephone No.: _____

Educational Attainment (Course, Degrees, Licenses): _____

Company Represented: _____

Company Address: _____

Position/Designation: _____ Mobile No.: _____

Description of your Duties & Responsibilities: _____ Email: _____

_____ Tel. No: _____

_____ Fax No. _____

_____ T-shirt Size: (pls. check box below)

_____ S M L XL XXL

_____ Others: (pls. specify) _____

How long have you been in the present Company? _____

No. of Employee/s under you? _____

How did you know about this PHILSUTECH **ATSP** Course? (Pls. Check)

- | | |
|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Company Management | <input type="checkbox"/> Letter from PHILSUTECH |
| <input type="checkbox"/> Previous Participant | <input type="checkbox"/> Others (Pls. specify) _____ |

Where did you work before? (Your previous employer & your designation)

- _____
- _____
- _____
- _____

I agree to obey all the rules, regulation & requirement of the course and I shall be responsible for the payment of all required fees and expenses related to the program I am taking.

Signature of Applicant

Date

Short Course on
APPLIED TECHNOLOGY ON ENERGY MANAGEMENT (ATEMU)
Batch 14
May 15 to 19, 2017
Kundutel, Goldenfield Commercial Complex, Bacolod City

REGISTRATION FORM

First Name : _____ Nickname: _____

Surname : _____ Marital Status: _____

Middle Initial: _____ Sex: _____

Date of Birth: _____ Nationality: _____

Residence Address: _____

_____ Telephone No.: _____

Educational Attainment (Course, Degrees, Licenses): _____

Company Represented: _____

Company Address: _____

Position/Designation: _____ Mobile No.: _____

Description of your Duties & Responsibilities: _____ Email: _____

_____ Tel. No: _____

_____ Fax No. _____

_____ T-shirt Size: (pls. check box below)

S M L XL XXL

_____ Others: (pls. specify) _____

How long have you been in the present Company? _____

No. of Employee/s under you? _____

How did you know about this PHILSUTECH **ATEMU** Course? (Pls. Check)

- | | |
|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Company Management | <input type="checkbox"/> Letter from PHILSUTECH |
| <input type="checkbox"/> Previous Participant | <input type="checkbox"/> Others (Pls. specify) _____ |

Where did you work before? (Your previous employer & your designation)

- _____
- _____
- _____
- _____

I agree to obey all the rules, regulation & requirement of the course and I shall be responsible for the payment of all required fees and expenses related to the program I am taking.

Signature of Applicant

Date