REGISTRATION FORM

Please type or print in BLOCK LETTERS
FULL NAME as will appear on your Certificate of Participation.

(Prof./Dr./Mr./Ms.) First Name Middle Initial Family Name Suffix (e.g., Sr./Jr./III)
School/Institution
Address
Tel/Fax No. Mobile Phone No. Email

Profession/Designation/Position:
- Elementary School Science Teacher
- Elementary School Mathematics Teacher
- High School Science Teacher
- High School Mathematics Teacher
- School Principal/Head
- Supervisor
- Superintendent/ASDS
- Faculty of TEI
- Undergraduate student
- Graduate Student
- Curriculum Developer
- Other: __________________________

REGISTRATION FEE:

<table>
<thead>
<tr>
<th>Type of Payment</th>
<th>Fee (PHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>6,000.00</td>
</tr>
<tr>
<td>Early bird (until 31 August 2014)</td>
<td>5,500.00</td>
</tr>
<tr>
<td>Group (3 or more participants from</td>
<td></td>
</tr>
<tr>
<td>(one participant per school)</td>
<td></td>
</tr>
<tr>
<td>Undergraduate student</td>
<td>4,000.00</td>
</tr>
</tbody>
</table>

The registration fee will cover food (6 snacks and 3 lunches) and the conference kit.

TO REGISTER:

1. Pay the registration fee using any of the following forms of payment:
   - Cash
   - Bank check/Postal Money Order payable to FPSMER
   - Bank deposit to FPSMER
     Account name: FPSMER
     Account number: 393932600018
     Bank name and branch: PNB, UP Campus
   - Domestic Money transfer (delivery only)
     Receiver/Consignee: FPSMER
     Address: UP NISMED, Quirino Ave., UP Campus, Diliman, Quezon City
2. Fill out this registration form (one per participant) or register online at http://icsme.nismed.upd.edu.ph.
3. For those who will use this registration form, paste proof of payment on the space provided in this form. If availing the student rate, paste also proof of enrolment. Fax this registration form to (632) 9283545 or email to icsme2014@gmail.com.
4. Check your name in the List of Registered Participants in the registration section of the conference website.

Please paste here proof of payment. If availing of the student rate, paste also proof of enrolment.

Fax this registration form to (632) 9283545, or email to icsme2014@gmail.com

Note: OFFICIAL RECEIPT FOR PAYMENT SHALL BE DISTRIBUTED DURING THE CONFERENCE. THE REGISTRATION FEE IS NON-REFUNDABLE UNLESS A LETTER OF CANCELLATION OF PAYMENT POSTMARKED OR EMAILED NOT LATER THAN 1 OCTOBER 2014 IS RECEIVED BY NISMED.

For more information, visit http://icsme.nismed.upd.edu.ph
or email icsme2014@gmail.com
or call: (632) 9274276, (632) 9281563 ext. 212/111, (632) 9818500 local 3901 to 3910 ext. 212/111

This form may be photocopied