

## **REGISTRATION FORM**

## **Participant Information**

Name of School/Company:										
School/Company Address:										
Website:		Telephone Number:						Fax Number:		
Name of Participants:		Mobile I	Number a	and Email Address:				Will bring a computing device.g., iPad, laptop, etc. to the conference? (Y/N, please indicate if iPad, Mac, PC or smartphone device)		he
1.										
2.										
3.										
4.										
5.										
Payment Details										
Total Amount:	[ ] Cash [ ] Check Bank & Check #					ck # _				
Date of Payment:				(based	on date of actu	al deposi	t or pay	ment to XS	S)	
[ ] Early Bird (+ JBEC, EDSOR, Public School)	] Regular [ ] Walk-In [ ] Foreig					_	gn Participant Bird [ ] Regular			
Mode of Payment:	[ ] Direct to Xavier School (submit this form together with payment to the Cashier)									
*Please fax this Registration	[ ] *Deposit to Banco de Oro (Xavier School, Inc. Acct. No. 002890125								2890125005	1
Form and Deposit Slip to 7214173; Attention: TESS ELIZALDE	[ ] *Deposit to UnionBank (Xavier School, Inc. Acct. No. 107030003061)									
Contact Person re: Registration and Payment Details: (For groups)					act Informat ail and mobil					
Confirmation Slip: to b	e faxed to	participatin	g school						[	
Attention:										
This is to confirm yo Conference at Xavi starting March 01, 2	er Schoo	ol on April	16-8, 201	5. Yo	u may regis	ter for y			sessions	

Thank you,

Ms. Tess Elizalde, FIT Registration Committee Head