



**SEMINAR / WORKSHOP ON THE
 MANUAL OF OPERATIONS FOR DRUG TESTING LABORATORIES**

REGISTRATION FORM

NOTE:

1. TYPE OR PRINT IN BLOCK LETTERS, FILL UP ALL THE NECESSARY ENTRIES.
2. SUBMIT THIS REGISTRATION FORM TOGETHER WITH THE PHOTOCOPY OF PRC ID.

Training Schedule:	Registration Date:
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<i>Please choose one and check</i>	
<input type="checkbox"/> Head of the Laboratory	<input type="checkbox"/> Analyst
<input type="checkbox"/> AP <input type="checkbox"/> AP-CP	<input type="checkbox"/> Chemist <input type="checkbox"/> Med. Tech
<input type="checkbox"/> CP <input type="checkbox"/> Others _____	<input type="checkbox"/> Pharmacist

Name of Participant: (Family Name, First Name, Middle Name)	Sex:
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Profession:	PRC ID No.
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Name of Institution/Agency/Laboratory:
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Address (Laboratory):	Address (Home):
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Head of the Laboratory

Mailing Address:

Telephone No.:	Fax No.:
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Cell Phone No.:	Email Address:
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NRL PRE-REGISTRATION FORM

 In compliance with the Data Privacy Act (DPA) of 2012, and its Implementing Rules and Regulations (IRR), I allow National Reference Laboratory- East Avenue Medical Center (NRL-EAMC) to use and process my personal information relative to the Seminar/Training I intend to attend. I authorize them to post my name in their Website or Facebook Page if ever I passed the post- exam. I also acknowledge and warrant that I have acquired the consent from all parties relevant to this consent and hold free and harmless and indemnify NRL-EAMC any complaint, suit, or damages which any party may file or claim in relation to my consent.

 SIGNATURE OVER PRINTED NAME OF PARTICIPANT/ DATE

 NRL-EAMC REPRESENTATIVE/ DATE