



**TRAINING COURSE ON ANALYSIS ON MICROBIOLOGICAL ANALYSIS OF  
 DRINKING WATER**

**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"/> Medical Technologist <input type="checkbox"/> Chemist  <input type="checkbox"/> Registered Microbiologist (Submit PAM Certificate)

Name of Participant: (Family Name, First Name, Middle Name)		Sex:
Profession:		PRC ID No. / PAM No.
Name of Institution/Agency/Laboratory:		
Address (Laboratory):	Address (Home):	
Head of the Laboratory		
Mailing Address:		
Telephone No.:	Fax No.:	
Cell Phone No.:	Email Address:	

NRL PRE-REGISTRATION FORM

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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