



ISO/IEC 17025 Accredited Testing Laboratory
Testing. Assuring. Leading.

**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"/> Chem. Engr. <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

-----CUT HERE-----

FOR NRL USE ONLY	
Registration No.:	Date and Time Received
Name of Participant:	
Total Amount Paid:	O.R. No. & Date of Issuance
Received by:	
(Printed Name and Signature)	