



Republic of the Philippines  
 Department of Health  
**NATIONAL REFERENCE LABORATORY**  
 East Avenue Medical Center



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

**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><b>Please choose one and check</b></i>			
<input type="checkbox"/> Medical Technologist	<input type="checkbox"/> Chemist	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Chem. Engineer
<input type="checkbox"/> Registered Microbiologist (Submit PAM/PSM Certificate)			

Name of Participant: (Family Name, First Name, Middle Name)		Sex:
Profession:		PRC ID No. / PAM/PSM 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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<b>FOR NRL USE ONLY</b>	
Registration No.:	Date and Time Received
Name of Participant:	
Total Amount Paid:	O.R. No. & Date of Issuance
Received by:	
(Printed Name and Signature)	