
Council of Hotel and Restaurant Educators of the Philippines

19th National Convention

THEME: Celebrating Cultural Diversity in Hospitality

February 3-5, 2011

Holiday Inn, Clark, Pampanga

REGISTRATION FORM

(PLEASE PRINT ALL YOUR ANSWERS)

NAME: _____
(Family Name) (First Name) (Middle Initial) (Nickname)

COLLEGE/COMPANY: _____

ADDRESS: _____

ZIP CODE _____

TELEPHONE NO.: _____ FAX NO.: _____
(Please include area code)

POSITION: _____ E-MAIL ADDRESS: _____

CELLPHONE: _____ BIRTHDAY: _____

RESIDENCE: _____

TELEPHONE NO.: _____ FAX NO.: _____
(Please include area code)

PREFERRED TITLE: (Doctor, Dean, Professor, Mr./Mrs./Ms.) _____

PRESIDENT OF COLLEGE/COMPANY: _____

PLEASE INCLUDE MY NAME IN THE MAILING LIST REQUESTED BY COMPANIES FOR PROMOTIONAL PURPOSES. (Encircle your preference) YES NO

ASSESSMENT:

Convention Fee	_____
Membership Fee (new,old) (individual/ institutional)	_____ _____
Others	_____
TOTAL	_____

Procedure

1. Secure and fill up registration form.
 2. Present form at assessment table.
 3. Proceed to the Treasurer/Cashier for payment.
 4. Present Official Receipt to claim kit.
 5. Sign the attendance sheet for the day.
 6. Sign up for the tour, fellowship night and awards night.
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