

6TH ASIA PACIFIC MEDIATION SUMMIT
Mediation in a Globalizing World: Challenges to Multi-Culturalism, Peace-
Building, and Religious Tolerance
Henry Sy Hall, De La Salle University, Taft Manila Philippines
December 9, 10, & 11, 2013

REGISTRATION FORM AND FEES FORMS

CONTACT INFORMATION:

☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr. ☐ Professor

Last Name: _____ First Name: _____

Profession/Job Title: _____

Work and/or Study Place: _____

Organization Affiliation: _____(required)

Mailing Address: _____

City/Province/State Postal Code _____ Country: _____

Tel/Mobile: _____ Fax: _____

Email (required since receipt will be sent to this email address): _____

PERSONAL INFORMATION:

Name for the Summit Name Tag/Badge _____

Affiliation for Badge (we can print ONE Affiliation only):

Field of Mediation/Practice or Study: _____

Note: The medium of instructions/communications that will be used in the summit proceeding is English)

Participants Biography:

(Note: Kindly write a 250 word biography and submit it to the summit organizers along with this form. Participants' biography will only be utilized for summit purposes and will not be shared with third parties for any other purposes).

Special dietary/mobility requirements:

PRE-SUMMIT MEDIATION EDUCATIONAL TOUR/FIELD TRIP OPTIONS:**Reminders:**

- *Given the nature of the educational tours/field trips, 25 – 35 delegates will be admitted per Mediation Education Tour/Field Trip through a rolling application process. For details about the Pre-Summit Mediation Educational Tours/Field Trips, please refer to the 2013 Asia Pacific Mediation Summit official website.*
- *Registration fee for the pre-summit activities include food and accommodation, roundtrip ticket from Manila - educational tour/trip area - back, local transportation, and miscellaneous fee, plus the inclusion of the 10% administration fee on the part of the organizers.*

☐ **Luzon: Naga City – “Mediation and Governance”**

☐ **Visayas: Bacolod City – “Mediation and Insurgent Groups”**

☐ **Mindanao: Cotabao City – “Mediation and the Peace Process in Mindanao”**

PAYMENT METHODS:

To ensure that payments are transferred and received successfully, Summit delegates are kindly requested to read, complete, sign, scan and return by email the **Registration Form** and **Proof of Payment Form to the Summit Steering Committee** at apmf2013summit@gmail.com (official email add of the summit).

Please note that all fees associated with *Credit card, Pay Pal, and Bank Transfers* are the responsibility of the payee. Receipt of each delegate's Registration Form and Proof of Payment Form will be acknowledged within **24 hours**.

- ☐ **Credit Card** payment may be processed directly through the Summit website.
- ☐ **Debit Card** payment may be processed directly through the Summit website
- ☐ **PayPal** payments may be processed directly through the Summit website.
- ☐ **Bank Transfer** payments may be processed thru designated/accredited banks of the summit. Details will be sent to the registering delegates immediately upon receipt of the Registration Form and Proof of Payment Form.

DLSU Bank Account Information:

For Local (Philippines) Payment:

Bank Name: United Coconut Planters Bank (UCPB)
Account Name: De La Salle University
2401 Taft Avenue, Manila 1004, Philippines
Account No.: 120-114711-9
Bank Address: Upper Ground Floor Torre Lorenzo Condominium
Taft Avenue corner Vito Cruz, Malate, Manila
Philippines 1004

For Payment from Abroad:

Bank Name: United Coconut Planters Bank (UCPB)
Account Name: De La Salle University
2401 Taft Avenue, Manila 1004, Philippines
Account No.: 01-120-300035-8
SWIFT Code: UCPBPHMM
Bank Address: Upper Ground Floor Torre Lorenzo Condominium
Taft Avenue corner Vito Cruz, Malate, Manila
Philippines 1004

Reminders: *For the payor, kindly print and scanned the deposit slip and the purpose of payment and send it to the organizing committee of the summit to facilitate issuance of official receipts. The payor should send the scanned deposit slip via email at apmf2013summit@gmail.com.*

For Credit/Debit Card Information:

Name of Credit Card:
Choose one of the following payment options:
VISA/MasterCard/American Express/JBC:
Account No:
Expiration Date (MM/YY):
3-Digit Code/Swift Code:

CANCELLATION AND REFUNDS:

All cancellations must be in writing. Refund requests from participants received **after November 9, 2013** are not eligible for a refund. Attendees may cancel registration and receive a refund (less \$ 20 administration fee) up **until November 9, 2013**. After **November 9, 2013**, no refunds will be issued.

INSURANCE: Insurance, including medical insurance is each individual participant's responsibility. The Summit Steering Committee recommends that all participants discuss their travel insurance coverage with their travel agents. The Summit Steering Committee will take no responsibility for any delegates failing to secure appropriate travel insurance.

LIBALITY: The Summit Steering Committee will not be held liable for personal accidents or losses or damage to private properties of the delegates. Again, delegates are advised to secure appropriate travel and medical insurance.

TRAVEL AND ACCOMMODATION: It is the responsibility of the delegates to book their flights and reserve for their accommodations. However, the summit organizers are pleased to announce that the organizers will offer a number of discounted rooms reserved for the delegates from accredited hotels of the summit located near De La Salle University (the official venue of the summit). For more information regarding travel to Manila Philippines, discounted accommodation and reservation process, and tourism possibilities, please refer to the official website of the summit at _____ (official website of the summit).

Arrival Date & Flight (if known):

Departure Date & Flight (if known):

Hotel or private residence where you will be staying during the summit (if known):

IN CASE OF EMERGENCY

In case of emergency, the Summit Steering Committee will take all necessary and possible steps to ensure the safety and security of all the delegates. However, it is the responsibility of all delegates to arrange health and travel insurance prior to the summit.

Full Name of Emergency Contact: _____

Relation to the Delegate: _____

Tel/Mobile: _____

Email: _____

Delegate Printed Name:

Date: _____