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| **REGISTRATION FORM – LOCAL PARTICIPANTS** |

**Instructions**. Mark boxes with a check (**🗸**). Information written in this form will be used for the Conference ID and certificates. Use one form for every participant. Forms must be sent to our email (**rsce2018.dlsu@gmail.com**) on or before **15 October 2018**.

1. **Personal Information**

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| Category: |  | Presenter | | |  |  | | Participant (Non-Presenter) | | | | | | |  | |  |  |  |  | |  | |
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| Title: |  | Mr. | | |  |  | | Ms. | |  |  | Engr. |  | |  | | Dr. |  |  | Prof. | |  | |
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| **Complete Name:** |  | | | | | |  | |  | | | | |  | |  | | | | |  | | |
| Family/Last Name | | | | | |  | | First/Given Name | | | | |  | | Middle Name | | | | |  | | |
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| **Affiliation:** | | |  |  | | | | | | | | | | | | | | | | | | |  |
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| **Position/Designation:** | | |  |  | | | | | | | | | | | | | | | | | | |  |
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| **Organization/University/**  **Institution/Company Address:** | | |  |  | | | | | | | | | | | | | | | | | | |  |
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|  | **Mobile No. :** |  |  | **Email Address:** | |  |  |
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| **Fax No:** |  |  | **Country of Origin:** | |  |  |
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1. **Delegate Category Registration Fee**

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| **Origin** | **Delegation** | **Fee** | **Check one** |
|  |  |  |  |
| Local | Regular | PHP 7,500 |  |
| Student Presenter | PHP 6,500 |  |
| Student Presenter –  Kit Only | PHP 2,500 |  |

1. **Special Dietary Requirement**

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| No restriction |  |  |  |  |  |
| Halal |  |  |  |  |  |
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| **Other requirements** (*please provide specific details*) | | | | | |

1. **RSCE 2018 Paper Presentation *-- For Presenters Only***

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| **Paper Submission** | **Paper Code** | **Presentation Fee** | **Indicate if POSTER/ORAL presentation** | **MATEC WOC Publication Fee** | **Check if to be published in MATEC Web of Conferences** |
|  |  |  |  |  |  |
| Paper 1 |  | Included in the Registration Fee |  | + PHP 3,000 |  |
| Paper 2 |  | + PHP 2,000 |  | + PHP 3,000 |  |
| Paper 3 |  | + PHP 2,000 |  | + PHP 3,000 |  |

1. **Special Request on Certificates and Related Matters**

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| **Name in Certificate for CPD Points (Chemical Engineers Only):** |

1. **Mode of Payment**

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|  |  | **Online Payment** | |
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|  |  | **Bank Transfer (Cash or Check Deposit)** | |
|  |  | Important:   1. For bank transfer payments, please indicate the full name of the participant(s) at the back of the deposit slip or check. 2. For online transfer payment, kindly send the transaction slip to to **rsce2018.dlsu@gmail.com** on or before **15 October 2018**. 3. Send the scanned front and back pages of the deposit slip to **rsce2018.dlsu@gmail.com** on or before **15 October 2018**. 4. For students, please bring appropriate identification such as school ID, proof of enrolment, etc. 5. All bank charges should be shouldered by the participant. | |
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| Bank : **United Coconut Planters Bank** | Bank : **Land Bank** | |
| Account Name: **De La Salle University**  Branch: **Pablo Ocampo**  Peso Account No.: **120-114711-9** | Account Name: **De La Salle University Inc.**  Branch: **P. Faura**  Account Number: **0592-1063-02** | |