



| secretariat@iawrt.org | www.iawrt.org

Organized by
The International Association of Women in Radio and Television (IAWRT)
 In collaboration with
 IAWRT PHILIPPINES CHAPTER
9 - 11 November, 2017
 With support from
Forum for Women and Development (FOKUS)

PRELIMINARY REGISTRATION FORM

A. Personal Details

Name: Prof./Dr./Mr./Mrs./Miss

_____ [Last/Family Name, First Name (s) in block, as written in passport]

Preferred Name: _____

Nationality: _____ Birth date (dd/mm/yy): _____

Passport no.: _____ Date of Issue (dd/mm/yy): _____

_____ Date of Expiry(dd/mm/yy): _____

Mailing address: _____

Place where passport was issued _____

Tel. No.: _____

Fax No.: _____

Email: _____

B. Present Engagement Employed Retired On-Study

Employer/

Organization/University: _____

Position/Activities/ Course: _____

C. Person to Contact in Home Country in Case of Emergency

Name: _____ Relation: _____

Mailing address: _____

Tel no: _____ Email: _____

D. Travel Schedule

Arrival

From: _____

Date (dd/mm/yy): _____

Flight No.: _____

Time: _____

Airline: _____

Departure

To: _____

Date (dd/mm/yy): _____

Flight No.: _____

Time: _____

Airline: _____

E. Accommodation

Microtel by Wyndham - UP Technohub in Quezon City	Microtel by Wyndham - UP Technohub in Quezon City	Will Arrange Own Accommodation
<p>For sponsored participants in shared double room/single room:</p> <p>Total Room Nights: _____</p> <p>Smoking: _____</p> <p>Non-Smoking: _____</p> <p>I want single room and will pay the additional charges ofper night myself _____</p>	<p>For paying participants:</p> <p>Price range per room per night: - Single \$64- double bed but for single person; - double bed for two people- \$70; - Quad room (4apple) -\$100</p> <p>Total Room Nights: _____</p> <p>Smoking: _____</p> <p>Non-Smoking: _____</p> <p>Type of Room needed _____</p>	<p>Hotel Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p>

F. Visa Assistance? Yes No Will take care of processing my own visa

Embassy Contact Details:
(Name, Designation and Complete
Address, Phone, Fax) _____

Other Documentary Requirements
from the Secretariat: _____

G. Food Restrictions

- I am strictly vegetarian I do not eat beef
 I do not eat pork I do not eat (please specify): _____

H. Notes on Health Condition (If appropriate); or Request for Special Arrangement(s), If any

I. Photo and Signature

Important Notes:

1. Submit the completed registration form to the IAWRT Secretariat by e-mail secretariat@iawrt.org
2. Your passport should be valid for **at least six months upon arrival in The Philippines.**
3. Don't forget to attach 2 x 2 inch color photo in white background and electronic or scanned signature for your ID.
4. Don't forget to include the relevant information in your passport that gives the name, passport number, date of birth, year of issue, expiry date.
5. **IAWRT sponsored participants kindly note:** Any delay in sending the Registration Form may lead to escalation in ticket prices. So please expedite sending your registration form.

Signature: