



PLEASE COMPLETE AND SUBMIT TO:
 E-mail: iojt.phils2017@gmail.com
 Fax: +63 2 5529628

PARTICIPANT REGISTRATION FORM

(Please write legibly)

GENERAL INFORMATION

First Name: _____ Middle Name (If applicable): _____ Last Name: _____

Name to Appear on Badge: _____

Gender: Male Female Date of Birth (month/day/year): _____ / _____ / _____

Title/Designation: _____

Agency/Court/Organization: _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ E-mail: _____

Telephone Number: _____ Facsimile Number: _____

Mobile Number: _____

(If not from the Philippines, please indicate the country code and area code.)

Dietary Preferences *(Indicate none if not applicable):* _____

INCLUSIONS OF CONFERENCE REGISTRATION:

- | | |
|---|--|
| <ul style="list-style-type: none"> ◦ Welcome Reception (Hors d' oeuvres) on November 5, 2017 ◦ Cultural Night/Musical Dinner on November 6, 2017 ◦ Day Tour on November 7, 2017 ◦ Gala Night/Closing Dinner on November 8, 2017 ◦ Admission to all IOJT educational sessions | <ul style="list-style-type: none"> ◦ Name badge and USB Lanyard ◦ Conference bag with writing kit ◦ Electronic copy of conference papers ◦ Four (4) Lunches ◦ Daily Refreshments/Snacks |
|---|--|

REGISTRATION FEES (Revised as of August 2, 2017)

\$ 850.00 USD nett for payments remitted on or before October 1, 2017

\$1,050.00 USD nett for payments remitted after October 1, 2017

\$ 400.00 USD nett for each accompanying person

***Exclusive of charges by bank of origin**

Inclusions of Registration for Accompanying Persons

- | | |
|---|---|
| <ul style="list-style-type: none"> ◦ Welcome Reception (Hors d' oeuvres) on November 5, 2017 ◦ Cultural Night/Musical Dinner on November 6, 2017 ◦ Gala Night/Closing Dinner on November 8, 2017 | <ul style="list-style-type: none"> ◦ Name badge ◦ Four (4) Lunches ◦ Daily Refreshments/Snacks |
|---|---|

Full Names of Accompanying Persons: _____

LANGUAGE PREFERENCE

- English French Spanish

DIRECTORY OF PARTICIPANTS

The conference materials will include a directory containing the names and contact information of individuals participating in the conference. If you do not want your contact information to be included, please check this box

PAYMENT METHOD

Transfer/Direct Deposits through Land Bank of the Philippines

- Account Name: **PHILJA FAO IOJT**
- Account Number: **3472-1005-63**
Land Bank of the Philippines Supreme Court Extension Office
Ground Floor, Supreme Court of the Philippines
Padre Faura St. Ermita, Manila
- Swift Code: **TLBPPHMMXXX**
Land Bank of the Philippines
1598 M.H. Del Pilar Cor. Dr. J. Quintos Sts
Malate, Manila 1004

* There will be a **USD \$50.00 (handling charges and tax)** per participant.

CONFIRMATION OF PAYMENT

Submit proof of payment/deposit with name of registrant/s through:

- Email: iojt.phils2017@gmail.com
- Fax: +63 2 5529628

Please note:

The name of registrants will be included in the **Official List of Participants** upon confirmation of payment of registration fees.

REGISTRATION CLOSURE

The IOJT Conference Program Committee reserves the right to close the registration upon reaching the maximum number of participants that the conference venue can accommodate.

SUBSTITUTION/CANCELLATION POLICY

In case of substitution of participants or cancellation of registration, the original registrant shall inform the IOJT Local Organizing Committee through:

- Email: iojt.phils2017@gmail.com
- Fax: +63 2 5529628

Registration fees will be refunded, less 10% processing fee for notice of cancellation received on or before October 1, 2017.

Registration fees will **not** be refunded for notice of cancellation received after October 1, 2017. However, an alternate attendee may substitute the original registrant for no additional fee but must also accomplish his/her own registration form.

CONTACT US:

IOJT Conference Program Committee

Email: iojt.phils2017@gmail.com

Address: **Philippine Judicial Academy**
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Supreme Court of the Philippines
Padre Faura, Manila 1000 Philippines
www.philja.judiciary.gov.ph

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