



REGISTRATION FORM

Kindly write legibly. PRINT data on the spaces provided
 This form can be reproduced.

Full Name: _____ Nickname: _____
 Position: _____ CES Status / Rank: _____
 Office / Agency: _____
 Office Address: _____
 Home Address: _____
 Telephone No.: _____ Fax No.: _____
 Mobile No.: _____ E-mail Address: _____
 Birthday: _____ Gender: _____ Civil Status: _____ Religion: _____
 Dietary Requirements: _____
 Health Concerns: _____ Do you Smoke?: _____ Do you Snore?: _____

Please indicate training programs / workshops you wish to attend:

TRAINING PROGRAM / WORKSHOP	TRAINING DATE
1.	
2.	
3.	
4.	
5.	

Have you attended the following CESB Training Programs?

Yes No SALAMIN _____ Batch No. _____ Date Conducted
 Yes No DIWA _____ Batch No. _____ Date Conducted
 Yes No SALAMIN-DIWA _____ Batch No. _____ Date Conducted

4 WAYS TO REGISTER

FAX FORM:	(02) 952-0335
E-MAIL FORM:	cesb_pdd@yahoo.com
ON-LINE:	www.cesboard.gov.ph
MAIL FORM:	Career Executive Service Board Professional Development Division #3 Marcelino St., Holy Spirit Drive, Diliman, Quezon City

ON CANCELLATION & SUBSTITUTION

Cancellation of participation should be made in **writing**. Cancellation should be made two weeks **before the training date**. Cancellations received AFTER the set deadline will **AUTOMATICALLY FORFEIT** the reservation fee.

Substitution is allowed but should also be made in **writing one (1) week prior to the training date**.

PAYMENT MODE

CESB will advise you of the Modes of Payment through a Letter of Confirmation.

Reserved participants who did not attend the actual conduct shall be billed after the event

* CESB reserves the right to re-schedule programs if the minimum number of participants is not met.

I confirm that the information given by me is true and correct. I also confirm that I have read, understood and agreed to the Terms and Conditions contained in this registration form.

Signature of Participant

REGISTRATION DETAILS

Please note that attendance to CESB trainings shall be considered on **official business**, as such, payment of training fees shall be shouldered by the agency.

Submission of an accomplished registration form is strictly required. Kindly confirm receipt of your accomplished registration form and the status of your reservation to the session.

Reservation will be on a **first-come, first serve basis** as the number of participants in each session is limited. **Reservation fee is strictly required to secure a slot**. It is non-refundable but transferable and covers the costs of the kit, snacks, and other administrative expenses. **Please coordinate with CESB prior to payment of reservation fee**. CESB will formally inform you of your acceptance to the program.

ON CONFIRMATION

Reconfirm your attendance thru phone or fax a **month before the training date**. Failure to do so will constrain CESB to open the slot to other officials in the waitlist.

NOTE: This form serves as the billing invoice.