

# CONFIRMATION SLIP



## CEAP DIOCESAN HEI FORUM

November 13 -14, 2012

FAX TO (02) 426-2670 *(along with payment slip)*

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Date: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

REGION : \_\_\_\_\_

This is to signify the attendance of the following to the CEAP DIOCESAN HEI FORUM:

Name of Participant	Designation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SUBMITTED BY:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Designation

Contact information: Phone: \_\_\_\_\_ email: \_\_\_\_\_