

REGISTRATION AND PAYMENT

- Full payment of registration fee must be received in order to confirm registration
- All check should be made payable to: Graphic FX Advertising
- Payment through bank transfer will also be accepted.

FOLLOWING BANK DETAILS

ACCOUNT NAME	Graphic FX Advertising
ACCOUNT NO.	488-3-488-90218-1
BANK NAME	METROBANK-CEBU GORORDO BRANCH

Kindly FAX the bank deposit slip (must be readable) to FIESTA PINOY 2011 – National Festival Congress Conference Secretariat at (63 32) 234-0046 or email a copy of your bank deposit slip to gfx-anna@mozcom.com or gfx-anna@mozcom.com

Please indicate in your deposit slip the following: Name of the Delegates / Company Name

CONFIRMATION

All registrant will receive written confirmation / receipt of registration via e-mail, after completing the registration with full payment.

CANCELLATION

- Written request for registration refunds must be received via e-mail before November 10, 2011
- Cancellation payment will be 50% of registration fees
- No show no refunds

SUBSTITUTE

If you cannot attend the Conference, you may substitute your delegate registration to another person. All requests for substitutions must be made via e-mail to gfx-anna@mozcom.com Substitution requests made after November 21, 2011 will be processed at FIESTA PINOY 2011 – National Festival Congress Conference at a regular fee.

INQUIRY/CONCERNS

Call the FIESTA PINOY 2011 conference Secretariat at (63 32) 234-0058 / 234-0048.





REGISTRATION FORM

Please complete the form and send by e-mail or fax to the Conference Secretariat together with your bank deposit slips. Should you have any questions, please do not hesitate to contact Ms. Anne Marie Conejero at tel: (63 32) 234-0058 or 234-0048 or email: gfx-rew@mozcom.com or gfx-rew@mozcom.com

Personal information (Plea *all fields marked with a star	se type or print clearly in CAPITAL LETTERS are required for registration	5)		
*Title: Mr. Mrs.	☐ Ms. ☐ Prof. ☐ Dr. ☐ O	thers (Please specify :)		
*First(Given) name	*Last (Family)name	*Middle name		
*Home Address				
*Postal code	*City	Country		
*Tel: (area code - tel no.)	*Fax: (area code - tel no.)	* Mobile Number		
*E-mail address:				

REGISTRATION PAYMENT

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Following bank details:

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ACCOUNT NUMBER	488-3-488-90218-1	
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An email message confirming receipt of payment will be sent to the email address provided above. Please bring the ORIGINAL COPY OF YOUR DEPOSIT SLIP with you to the registration desk to facilitate the registration process. Places in the conference will not be held without payment of the registration.





HOTEL ACCOMMODATION REQUIRED

(Please refer to attached hotel name & rate)

Surname:	First Name:						
Address:							
City:	State:	Country:	Post	al Code: _			
Tel.#:		Fax #:					
e-mail:							
Arrival Date:	Departure Date:		Total:	nights			
Flight Carrier:	Arrival tim	ne at Athens Airport:					
	(at least 1 day dep	osit for every room req	uirement)				
Hotel Name:							
Room type required	:						
Single or Double occ	cupancy						
Please mail / fax this	registration form and	I mail your check remitt	ance to:				
Attn: Ms. Anne Marie							
c/o Graphic FX Adveti	ising,Unit 2b, 2 nd Flr.,	Maryville Condominium					

Email: gfx-anna@mozcom.com, gfx@pldtdsl.net



Rosal Street corner Gorordo Ave., Lahug Cebu City

Tel. (032) 2340048 • 234-0058 • 231-5555 • Fax 234-0046