



Rotary International
District 3850

DISCON 2011

April 1-3, 2011 at Garden Orchid Hotel
Zamboanga City, Philippines



Control No.: _____

REGISTRATION FORM

Please accomplish and return this Registration Form, together with your payment, to our DISCON 2011 SECRETARIAT. For expediency you may fax your form to us and remit your payment according to the payment schedule indicated below.

DELEGATE / GUEST INFO

Rotarian Non-Rotarian

Name _____ Nickname _____
 Rotary Club _____
 Classification _____ Position _____
 Address _____
 Telephone _____ Cell. No. _____
 Email _____ Fax No. _____
 For Non-Rotarians
 Company Name _____ Position _____

SPOUSE:

Name _____ Nickname _____

HOTEL RESERVATION

Please check the list of hotels and room rates provided with this form. Confirmed Room Booking be on FIRST-RECEIVED PAYMENT BASIS. One night deposit shall be required upon reservation.

I prefer to book myself directly to the Hotel of my choice

Preferred Hotel _____
 Arrival Date/Time _____ am/pm Departure Date _____
 Room Type _____ No. of Rooms _____ PAX _____ Extra Beds _____
 Transfers Details / Request _____

PAYMENT DETAILS

Payment shall be acceptable by check or bank draft, payable to "RCZC WEST". You may remit your payment to _____. For our confirmation and reference, please send or fax a duplicate copy of the Bank deposit slip, together with this form to our SECRETARIAT.

For the following requirements:

Registration Rotarian	Php _____
Registration Rotarian & Spouse	Php _____
Registration Spouse & Guest	Php _____
Room Reservation	Php _____
Golf Registration	Php _____
Others _____	Php _____
Total	Php _____

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Please accept my payment
in the form of :

- Cash
- Check
- Bank Draft
- Bank Deposit

Conforme:

Signature over Printed Name

Date

Host: Rotary Clubs of Zamboanga City