**HUMAN LIFE INTERNATIONAL**

**PILIPINAS**

**National Life Advocacy Conference**

**April 28 - 30, 2017**

Bayfront Hotel Cebu

Kaohsiung Street, North Reclamation Area

Cebu City, Philippines

**REGISTRATION FORM**

***Please use Red Font Color in filling up the Registration Form***

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| --- |
| Type of Registration (Please see **Registration Details** & Place a **check (√)** inside the box of your choice found below): |
|  | Registration Only |  | Live-in Package C |
|  | Live-in Package A |  | Live-in Package D |
|  | Live-in Package B |
| Full Name: | Preferred Conference I.D. Name: |
| Sex:  | Age: | Date of Birth: | Civil Status: |
| Current Home Address: |
| Functional Mobile Number: | Functional Telephone Number: | Functional Personal Email Address: |
| Archdiocese/Diocese: | Active Affiliated Religious Organization & Organization Office Address: |
| Name of Current Head/President of Affiliated Religious Organization: | Functional Contact Number of the Office of Affiliated Religious Organization: | Functional Email Address of Affiliated Religious Organization: |
| Where or How did you know about the Event? |