

School/Name

Address

School Administrator/Principal

Phone

Fax

School Email

School Website

DATES AND VENUES

	2011 Dates	School	Contact Info
<input type="checkbox"/>	May 24	Maligaya Trinity Baptist Christian Academy, Tarlac City	(045) 985 0612 vetaliz_25@yahoo.com
<input type="checkbox"/>	July 1	Pilgrim Christian College <i>Cagayan de Oro City</i>	(088) 856 4232
<input type="checkbox"/>	TBA	Bukidnon Faith Christian School, Malaybalay, Bukidnon	(088) 222 3263
<input type="checkbox"/>	August 6	Batangas Christian School <i>Batangas City</i>	(043) 950 6176
		King's College of Isulan <i>Sultan Kudarat</i>	(064) 201 3386 kci@peei.org

	2011 Dates	School	Contact Info
<input type="checkbox"/>	August 13	Exegesis School of Davao, Davao City	(082) 227 9235
		Maranatha Christian College <i>Bacolod City</i>	(034) 434 4023
<input type="checkbox"/>	August 20	REL, DepEd, Tuguegarao, Cagayan	contact ACSI Phils office
<input type="checkbox"/>	August 25	Kainos Montessori Learning Center <i>Dumaguete City</i>	(035) 225 0792
<input type="checkbox"/>	August 27	Cornerstone Christian Academy <i>Quezon City</i>	(02) 952 7360 aliceforonda@yahoo.com
		Exegesis School of Davao, Davao City	(082) 227 9235

REGISTRATION FEES

Member School	Non Member School	Number of Delegates	Total Amount Due
P 600	P 1,200	x	=

Registration fee is inclusive of conference packet, certificate, lunch and two snacks for one day. Membership dues must be paid in full prior to the conference in order to receive membership rates. Registration fee is nonrefundable but transferrable provided you make a written/email request two weeks before the conference.

Please make checks payable to ACSI Philippines and mail to ACSI Philippines, UG15 Cityland Pioneer Building, 128 Pioneer Street, 1550 Mandaluyong City or deposit payment to:

ACSI Philippines, BPI Mandaluyong-Pioneer Branch, Account # 1891 - 0533 - 86

Please fax registration form and deposit slip to (02) 638 2903 or email to aizah_delez@acsi.org. For more information, please log on to www.acsiphils.org

FOR ACSI OFFICE USE ONLY

Date Form Received: _____ Amount Paid: _____ AR/OR _____
 Number of Delegates: _____ PIB/Date _____ Cash _____ Check # _____ Bank/Branch _____ Date _____



2011 ENABLER SERIES on Teaching & Evaluating for Understanding

School/Name

NAMES OF DELEGATES

Use extra sheets if necessary. For position title, please indicate grade/year level taught (for teachers).

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