**L&D SEMINAR ON EMPLOYEE BENEFITS**

 **REGISTRATION FORM**

**SEPTEMBER 3, 2018, 1:00-5:00 PM**

1. Participant information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | Given Name | MI | Contact No(s) | E-mail Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Name of Company: |  |
| Address: |  |

* Please submit this registration form on or before ***August 28, 2018***. Forms may be emailed to actuarial@pldtdsl.net to reserve slots.