**ACTUARIAL SOCIETY OF THE PHILIPPINES**

**RISK MANAGEMENT SEMINAR REGISTRATION FORM**

1. Participant information:

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| --- | --- | --- | --- | --- |
| Surname | Given Name | MI | Contact No(s) | E-mail Address |
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2. Company information:

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| Name of Employer: |  |
| Business Address: |  |

* Please submit this registration form on or before ***March 15, 2019***. Forms may be faxed in advance to the ASP Secretariat at 814-0824 or emailed to actuarial@pldtdsl.net to reserve slots.
* Payments can either be deposited to ASP’s **BPI Current Account 1731-0083-92**, kindly email the deposit slip as proof of payment. Payments can also be or sent directly to the Secretariat.